

HOUSE BILL 836

J1, J3, F2

EMERGENCY BILL

1lr1809
CF SB 741

By: **Delegate Pena-Melnyk**

Introduced and read first time: January 29, 2021

Assigned to: Health and Government Operations and Appropriations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 26, 2021

CHAPTER _____

1 AN ACT concerning

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
5 implement a certain plan to respond to the outbreak of COVID-19; establishing
6 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
10 before a certain date; requiring the Department to provide in certain fiscal years
11 certain funding in grants to local jurisdictions for certain purposes; authorizing a
12 local jurisdiction to use certain grant funding for a certain purpose; establishing
13 certain formulas for the allocation of certain funding to local jurisdictions; ~~requiring~~
14 authorizing the Department to ~~first~~ use only certain federal funding to provide
15 certain funding to local jurisdictions; ~~requiring the Department to use general funds~~
16 ~~to provide certain funding to local jurisdictions under certain circumstances;~~
17 requiring the Department, on or before a certain date and with input from certain
18 persons, to develop and submit to the General Assembly a certain plan for
19 vaccinating residents of the State against COVID-19; requiring that the plan include
20 certain information and elements; requiring the Department to provide to the
21 General Assembly, for the duration of a certain calendar year, certain weekly
22 progress reports on implementation of the plan; requiring the reports to be submitted
23 to the General Assembly in a certain manner; requiring the Department to convene
24 a Maryland Public Health Infrastructure Modernization Workgroup; providing for
25 the composition of the Workgroup; requiring the Workgroup to conduct a certain

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.



assessment and make certain recommendations; requiring the Workgroup to submit a certain report to the General Assembly on or before a certain date; altering the effective date of certain provisions of law governing the disclosure of outpatient facility fees; requiring, for a certain calendar year, certain institutions of higher education in the State to ~~adopt and implement~~ establish a certain COVID-19 ~~testing security~~ plan; requiring that the COVID-19 ~~testing security~~ plan ~~adopted and implemented~~ established by certain institutions of higher education ~~include a certain requirement~~ be posted on a certain website and made available to the public; requiring home health agencies to adopt and implement a certain COVID-19 infection control and prevention plan and provide the plan to certain individuals; requiring ~~home health agencies~~, nursing homes, and assisted living programs to adopt and implement COVID-19 testing plans; establishing certain requirements for the COVID-19 testing plans; requiring the Department to adopt certain regulations; requiring the Department, to the extent practicable, to provide certain grant funding to home health agencies and assisted living facilities in certain years to cover the cost of certain COVID-19 testing; requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for certain COVID-19 tests and ~~associated costs~~ related items and services for the administration of the tests; ~~prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from requiring a member to obtain a certain determination as a condition for the coverage~~; prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from applying a copayment, coinsurance requirement, or deductible to the coverage; stating the intent of the General Assembly; providing that any funding appropriated for the implementation of this Act may consist only of certain federal funds; defining certain terms; providing for the application of certain provisions of this Act; making this Act an emergency measure; providing for the termination of certain provisions of this Act; and generally relating to public health and testing, contact tracing, and vaccination for COVID-19.

BY adding to

Article – Health – General

Section 16-201.5; 18-9A-01 through 18-9A-04 to be under the new subtitle

“Subtitle 9A. COVID-19 Testing, Contact Tracing, and Vaccination Act”;

19-411; 19-14C-01 and 19-14C-02 to be under the new subtitle “Subtitle

14C. COVID-19 Testing Plan”; and 19-1814

Annotated Code of Maryland

(2019 Replacement Volume and 2020 Supplement)

BY repealing and reenacting, with amendments,

Chapter 365 of the Acts of the General Assembly of 2020

Section 2

BY adding to

Article – Education

Section 11-1701 and 11-1702 to be under the new subtitle “Subtitle 17. COVID-19

Testing Plan”

Annotated Code of Maryland
(2018 Replacement Volume and 2020 Supplement)

BY adding to
Article – Insurance
Section 15–856
Annotated Code of Maryland
(2017 Replacement Volume and 2020 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health – General

SUBTITLE 9A. COVID–19 TESTING, CONTACT TRACING, AND VACCINATION ACT.

18–9A–01.

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

(B) “COVID–19” MEANS, INTERCHANGEABLY AND COLLECTIVELY, THE
CORONAVIRUS KNOWN AS COVID–19 OR 2019–NCoV AND THE SARS–CoV–2
VIRUS.

(C) “COVID–19 TEST” MEANS ~~A FEDERAL FOOD AND DRUG
ADMINISTRATION APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR)
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
DIAGNOSIS OF THE VIRUS THAT CAUSES COVID–19, AS DESCRIBED IN § 3201 OF
THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES)~~
ACT.

18–9A–02.

(A) ON OR BEFORE ~~APRIL 1, 2021~~ JUNE 1, 2021, THE DEPARTMENT, IN
COLLABORATION WITH LOCAL HEALTH DEPARTMENTS IN THE STATE AND THE
MARYLAND STATE DEPARTMENT OF EDUCATION, SHALL ADOPT AND IMPLEMENT A
2–YEAR PLAN TO RESPOND TO THE OUTBREAK OF COVID–19.

(B) THE PLAN REQUIRED UNDER THIS SECTION SHALL:

(1) INCLUDE MEASURES TO ENHANCE PUBLIC HEALTH EFFORTS AT
THE STATE AND LOCAL LEVEL TO MONITOR, PREVENT, AND MITIGATE THE SPREAD
OF COVID–19;

(2) (I) ASSESS THE COVID-19 PUBLIC AND PRIVATE TESTING INFRASTRUCTURE IN PLACE BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;

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

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

1. A GOAL TO ACHIEVE THE CAPACITY TO PERFORM ~~UP 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

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

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

~~1. COVERAGE FOR COVID-19 TESTING IS PROVIDED UNDER A HEALTH BENEFIT PLAN OF AN INDIVIDUAL TESTED; AND~~

~~2. BILLING MAY BE CARRIED OUT IN A MANNER THAT WILL NOT CREATE A BARRIER TO ACCESSING TESTING FOR INDIVIDUALS WHO:~~

~~A. ARE UNINSURED; OR~~

~~B. MAY BE RELUCTANT TO RECEIVE A TEST IF THE INDIVIDUAL IS 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;

(3) (I) ASSESS THE CONTACT TRACING INFRASTRUCTURE IN
PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;

(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;

(III) IDENTIFY 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

(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

2. INCLUDE A MECHANISM FOR MONITORING
PERFORMANCE OF CONTACT TRACING AND TESTING OF CONTACTS BOTH
STATEWIDE AND FOR EACH LOCAL JURISDICTION;

(4) REQUIRE THE DEPARTMENT TO ASSIST LOCAL JURISDICTIONS
THAT ADOPT STRATEGIES TO:

(I) ACCELERATE ACCESS TO AND THE USE OF AT-HOME
COLLECTION AND POINT-OF-CARE TESTS FOR COVID-19; AND

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

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

~~(c) (1) THE DEPARTMENT, IN COLLABORATION WITH LOCAL HEALTH
DEPARTMENTS, HEALTH CARE PROVIDERS, REPRESENTATIVES OF AREA HEALTH~~

~~EDUCATION CENTERS, AND OTHER RELEVANT STAKEHOLDERS, SHALL INCLUDE IN THE PLAN REQUIRED UNDER THIS SECTION THE ESTABLISHMENT OF A MARYLAND PUBLIC HEALTH JOBS CORPS.~~

~~(2) THE MARYLAND PUBLIC HEALTH JOBS CORPS SHALL BE COMPOSED OF COMMUNITY HEALTH WORKERS AND OTHER HEALTH CARE PERSONNEL RECRUITED, TRAINED, AND DEPLOYED FOR EMPLOYMENT BY LOCAL HEALTH DEPARTMENTS, NONPROFIT ORGANIZATIONS, AND OTHER ENTITIES TO RESPOND TO THE OUTBREAK OF COVID 19 BY PROVIDING OR FACILITATING:~~

~~(I) TESTING;~~

~~(II) CONTACT TRACING;~~

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

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

~~(3) THE MARYLAND PUBLIC HEALTH JOBS CORPS SHALL HAVE A DESIGN THAT:~~

~~(I) PRIORITIZES THE RECRUITMENT, TRAINING, AND DEPLOYMENT OF INDIVIDUALS FOR THE WORKFORCE WHO HAVE BEEN DISPLACED FROM OTHER WORKFORCE SECTORS THAT HAVE BEEN IMPACTED NEGATIVELY AS A RESULT OF THE OUTBREAK OF COVID 19; AND~~

~~(II) INCLUDES A PATHWAY DESIGNED TO ENABLE MEMBERS OF THE PUBLIC HEALTH RESPONSE WORKFORCE TO TRANSITION TO POSITIONS WITH A RESPONSIBILITY TO MEET ONGOING POSTPANDEMIC POPULATION HEALTH NEEDS OF UNDERSERVED COMMUNITIES AND VULNERABLE POPULATIONS.~~

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

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

(E) (1) (I) FOR FISCAL YEARS 2021 AND 2022, THE DEPARTMENT SHALL PROVIDE \$25,000,000 EACH YEAR IN GRANTS TO LOCAL JURISDICTIONS TO

1 EXPAND CAPACITY FOR COVID-19 TESTING AND CONTACT TRACING, OR FOR ANY
2 OTHER PUBLIC HEALTH PURPOSE RELATED TO COVID-19 RESPONSE FOR WHICH
3 FEDERAL FUNDING IS AUTHORIZED.

4 (II) ~~GRANT FUNDING PROVIDED FOR COVID-19 TESTING AND~~
5 ~~CONTACT TRACING RESPONSE~~ UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH
6 SHALL BE DIVIDED BETWEEN LOCAL JURISDICTIONS IN PROPORTION TO THEIR
7 RESPECTIVE POPULATIONS.

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

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

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

25 (II) THE AMOUNT OF FUNDING PROVIDED TO A LOCAL
26 JURISDICTION FOR COVID-19 CONTACT TRACING UNDER SUBPARAGRAPH (I) OF
27 THIS PARAGRAPH SHALL BE EQUIVALENT TO THE COST PER CASE AMOUNT
28 PROVIDED TO THE ENTITY WITH WHOM THE STATE HAS CONTRACTED TO PERFORM
29 CONTACT TRACING FOR THE STATE.

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

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

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

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

~~(H) IF THE FEDERAL FUNDING SPECIFIED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH DOES NOT SUFFICIENTLY PROVIDE THE FUNDS REQUIRED UNDER THIS SECTION, GENERAL FUNDS SHALL BE USED TO SUPPLEMENT THE FEDERAL FUNDING.~~

(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.

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

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

~~(H) IF THE FEDERAL FUNDING SPECIFIED UNDER ITEM (I) OF THIS PARAGRAPH DOES NOT SUFFICIENTLY PROVIDE THE FUNDS NEEDED UNDER THIS SUBSECTION, USE GENERAL FUNDS TO SUPPLEMENT THE FEDERAL FUNDING.~~

18-9A-03.

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

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

(I) DETAILED INFORMATION ON:

1. THE CATEGORIES OF RESIDENTS OF THE STATE WHO WILL RECEIVE PRIORITY ACCESS TO VACCINES FOR COVID-19;

2. THE TIMELINE FOR PROVIDING VACCINES FOR COVID-19 TO RESIDENTS IN EACH OF THE PRIORITY CATEGORIES AND TO MEMBERS OF THE GENERAL PUBLIC WHO ARE NOT INCLUDED IN PRIORITY CATEGORIES; AND

3. TARGET METRICS FOR VACCINATING RESIDENTS IN EACH OF THE PRIORITY CATEGORIES AND FOR MEMBERS OF THE GENERAL PUBLIC WHO ARE NOT INCLUDED IN PRIORITY CATEGORIES; ~~AND~~

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

(III) A VACCINE DISTRIBUTION STRATEGY THAT ALLOCATES RESOURCES AND VACCINES ACROSS ALL PARTNERS AND VACCINATION SITES IN AN EQUITABLE MANNER THAT ENSURES THAT THE VACCINE ALLOCATION BY JURISDICTION ACCOUNTS FOR THE DISPROPORTIONATE IMPACT OF THE COVID-19 PANDEMIC ON UNDERSERVED AND MINORITY COMMUNITIES; AND

(IV) A STRATEGY FOR OUTREACH AND DISTRIBUTION OF VACCINES TO INDIVIDUALS WHO ARE NOT RECEIVING THE VACCINE, DUE TO EITHER LACK OF ACCESS OR VACCINE HESITANCY.

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

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

18-9A-04.

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

(B) THE WORKGROUP SHALL INCLUDE: REPRESENTATIVES OF THE DEPARTMENT, LOCAL HEALTH DEPARTMENTS, SUBJECT MATTER EXPERTS, AND ANY OTHER RELEVANT STAKEHOLDERS.

~~(1) TWO MEMBERS OF THE SENATE OF MARYLAND, APPOINTED BY THE PRESIDENT OF THE SENATE;~~

~~(2) TWO MEMBERS OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE; AND~~

~~(3) REPRESENTATIVES OF THE DEPARTMENT, LOCAL HEALTH DEPARTMENTS, SUBJECT MATTER EXPERTS, AND ANY OTHER RELEVANT STAKEHOLDERS.~~

(C) THE WORKGROUP SHALL:

(1) ASSESS THE CURRENT PUBLIC HEALTH INFRASTRUCTURE AND RESOURCES IN THE STATE; ~~AND~~

(2) MAKE RECOMMENDATIONS FOR HOW TO ESTABLISH A MODERN AND EFFECTIVE PUBLIC HEALTH SYSTEM WITH A CAPACITY TO ~~MONITOR;~~

(I) MONITOR, PREVENT, CONTROL, AND MITIGATE THE SPREAD OF INFECTIOUS DISEASE; AND

(II) ACHIEVE STATE HEALTH IMPROVEMENT PROCESS GOALS;

(3) MAKE RECOMMENDATIONS REGARDING THE ESTABLISHMENT OF A MARYLAND PUBLIC HEALTH JOB CORPS TO RESPOND TO THE OUTBREAK OF COVID-19 OR SIMILAR OUTBREAKS; AND

(4) CONSIDER, WHERE APPROPRIATE, THE USE OF FEDERAL FUNDS TO IMPLEMENT ANY RECOMMENDATIONS MADE UNDER THIS SUBSECTION.

(D) ON OR BEFORE DECEMBER 1, 2021, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THAT INCLUDES THE FINDINGS AND RECOMMENDATIONS OF THE WORKGROUP ESTABLISHED UNDER THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect ~~[July 1, 2021]~~ **JANUARY 1, 2022.**

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Education

SUBTITLE 17. COVID-19 TESTING PLAN.

11-1701.

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

(B) “COVID-19” MEANS, INTERCHANGEABLY AND COLLECTIVELY, THE CORONAVIRUS KNOWN AS COVID-19 OR 2019-nCoV AND THE SARS-CoV-2 VIRUS.

(C) “COVID-19 TEST” MEANS ~~A FEDERAL FOOD AND DRUG ADMINISTRATION APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR) 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 DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT.

11-1702.

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

(B) ~~THE COVID-19 TESTING PLAN REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL INCLUDE A REQUIREMENT THAT ANY STUDENT OF THE INSTITUTION OF HIGHER EDUCATION BE TESTED FOR COVID-19 AND PROVIDE TO THE INSTITUTION OF HIGHER EDUCATION CONFIRMATION OF A NEGATIVE COVID-19 TEST RESULT BEFORE:~~

~~(1) COMMENCING IN PERSON CLASS ATTENDANCE AT THE
INSTITUTION OF HIGHER EDUCATION; OR~~

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

Article – Health – General

16–201.5.

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

(2) “PROVIDER” MEANS A PROVIDER OF NURSING HOME SERVICES.

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

(B) (1) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT:

~~(1) THE~~ THE GOVERNOR INCLUDE ADDITIONAL FUNDING IN THE
BUDGET OF UP TO \$5,500,000 IN FISCAL YEAR 2021 AND \$22,000,000 IN FISCAL
YEAR 2022 IN THE BUDGET TO COVER THE COST OF COVID–19 TESTING OF
NURSING HOME STAFF AND RESIDENTS DURING CALENDAR YEAR 2021; AND.

(2) THE ADDITIONAL FUNDING PROVIDED UNDER ~~ITEM~~ PARAGRAPH
(1) OF THIS SUBSECTION SHALL BE IN ADDITION TO ANY OTHER PROVIDER RATE
INCREASES INCLUDED IN THE BUDGET FOR FISCAL YEARS 2021 AND 2022.

(3) ANY FUNDING PROVIDED IN ACCORDANCE WITH PARAGRAPH (1)
OF THIS SUBSECTION SHALL CONSIST ONLY OF FEDERAL FUNDING ALLOCATED TO
THE STATE UNDER THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL
APPROPRIATIONS ACT AND ANY OTHER FEDERAL LEGISLATION ENACTED IN
CALENDAR YEARS 2020 THROUGH 2022 TO PROVIDE FUNDING REQUIRED UNDER
THIS SUBSECTION.

19–411.

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

(2) "COVID-19" MEANS, INTERCHANGEABLY AND COLLECTIVELY, THE CORONAVIRUS KNOWN AS COVID-19 OR 2019-nCoV AND THE SARS-CoV-2 VIRUS.

(3) "COVID-19 TEST" MEANS ~~A FEDERAL FOOD AND DRUG ADMINISTRATION APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR) 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 DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT.

(B) FOR CALENDAR YEARS 2021 AND 2022, A HOME HEALTH AGENCY SHALL ADOPT AND IMPLEMENT A COVID-19 TESTING INFECTION CONTROL AND PREVENTION PLAN FOR PATIENTS AND STAFF WHO PROVIDE HOME HEALTH CARE SERVICES TO PATIENTS OF THE HOME HEALTH AGENCY.

(C) (1) ~~THE COVID-19 TESTING PLAN SHALL ENSURE~~ PLAN REQUIRED UNDER SUBSECTION (B) OF THIS SECTION SHALL:

(I) BE ADOPTED AND IMPLEMENTED IN ACCORDANCE WITH ANY APPLICABLE FEDERAL ORDERS AND GUIDANCE; AND

(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.

(2) THE SCREENING REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE REPORTING TO THE HOME HEALTH AGENCY OF ANY:

(I) SYMPTOMS RELATED TO COVID-19 EXPERIENCED BY PATIENTS AND STAFF; AND

(II) KNOWN EXPOSURES OF PATIENTS AND STAFF TO INDIVIDUALS WHO HAVE BEEN DIAGNOSED WITH COVID-19.

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

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

~~(i) BE GUIDED BY APPLICABLE FEDERAL ORDERS AND 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 THE HOME HEALTH CARE SERVICES ARE PROVIDED TO PATIENTS.~~

(D) A HOME HEALTH AGENCY SHALL PROVIDE THE PLAN REQUIRED UNDER SUBSECTION (B) OF THIS SECTION TO:

(1) PATIENTS AND STAFF; AND

(2) MEMBERS OF THE PUBLIC ON REQUEST.

SUBTITLE 14C. COVID-19 TESTING PLAN.

19-14C-01.

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

(B) "COVID-19" MEANS, INTERCHANGEABLY AND COLLECTIVELY, THE CORONAVIRUS KNOWN AS COVID-19 OR 2019-nCoV AND THE SARS-CoV-2 VIRUS.

(C) "COVID-19 TEST" MEANS ~~A FEDERAL FOOD AND DRUG ADMINISTRATION-APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR) 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 DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT.

19-14C-02.

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

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

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

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

(I) BE GUIDED BY APPLICABLE FEDERAL ORDERS AND 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.

19-1814.

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

(2) "COVID-19" MEANS, INTERCHANGEABLY AND COLLECTIVELY, THE CORONAVIRUS KNOWN AS COVID-19 OR 2019-nCoV AND THE SARS-CoV-2 VIRUS.

(3) "COVID-19 TEST" MEANS ~~A FEDERAL FOOD AND DRUG ADMINISTRATION APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR) 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 DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT.

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

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

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

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

(I) BE GUIDED BY APPLICABLE FEDERAL ORDERS AND 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.

Article – Insurance

15-856.

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

(2) “COVID-19” MEANS, INTERCHANGEABLY AND COLLECTIVELY, THE CORONAVIRUS KNOWN AS COVID-19 OR 2019-nCoV AND THE SARS-CoV-2 VIRUS.

(3) (I) “COVID-19 TEST” MEANS ~~A FEDERAL FOOD AND DRUG ADMINISTRATION APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR) 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 DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) 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.

(4) “HEALTH BENEFIT PLAN”:

(I) FOR A SMALL EMPLOYER PLAN, HAS THE MEANING STATED IN § 15-1201 OF THIS TITLE; AND

(II) FOR AN INDIVIDUAL PLAN, HAS THE MEANING STATED IN § 15-1301 OF THIS TITLE.

~~(4)~~ (5) (I) "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.

(II) "MEMBER" INCLUDES A SUBSCRIBER.

(B) (1) THIS SECTION APPLIES TO:

~~(4)~~ (I) 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

~~(2)~~ (II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(2) THIS SECTION APPLIES TO EACH INDIVIDUAL AND SMALL EMPLOYER HEALTH BENEFIT PLAN THAT IS ISSUED OR DELIVERED IN THE STATE BY AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH MAINTENANCE ORGANIZATION, IRRESPECTIVE OF §§ 15-1207(D) AND 31-116 OF THIS ARTICLE.

(C) ~~(4)~~ AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR COVID-19 TESTS AND ~~ASSOCIATED COSTS~~ RELATED ITEMS AND SERVICES FOR THE ADMINISTRATION OF COVID-19 TESTS, INCLUDING FACILITY FEES, HEALTH CARE PRACTITIONER FEES, AND EVALUATION OF THE MEMBER FOR PURPOSES OF DETERMINING THE NEED FOR THE COVID-19 TEST, AS REQUIRED BY THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT, THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT, AND ANY APPLICABLE FEDERAL REGULATIONS OR GUIDANCE.

~~(2) THE COVERAGE REQUIRED UNDER THIS SECTION SHALL BE PROVIDED FOR A COVID-19 TEST:~~

~~(1) 1. PRIMARILY INTENDED FOR INDIVIDUALIZED DIAGNOSIS OR TREATMENT OF COVID-19 FOR THE MEMBER; OR~~

~~2. TO KEEP THE MEMBER OR OTHERS WITH WHOM THE MEMBER IS OR MAY BE IN FUTURE CONTACT FROM POTENTIAL EXPOSURE TO COVID-19; AND~~

~~(H) REGARDLESS OF WHETHER THE MEMBER HAS SIGNS OR SYMPTOMS COMPATIBLE WITH COVID-19 OR A SUSPECTED RECENT EXPOSURE TO COVID-19 IF THE TESTING IS PERFORMED FOR A PURPOSE SPECIFIED UNDER ITEM (I) OF THIS PARAGRAPH.~~

~~(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 FOR THE COVERAGE REQUIRED UNDER THIS SECTION.~~

~~(4) (D) AN ENTITY SUBJECT TO THIS SECTION MAY NOT APPLY A COPAYMENT, COINSURANCE REQUIREMENT, OR DEDUCTIBLE TO THE COVERAGE REQUIRED UNDER THIS SECTION COVERAGE FOR COVID-19 TESTS AND RELATED ITEMS AND SERVICES FOR THE ADMINISTRATION OF COVID-19 TESTS.~~

SECTION 3. AND BE IT FURTHER ENACTED, That any funding appropriated for the implementation of this Act may consist only of federal funding allocated to the State under the federal Coronavirus Response and Relief Supplemental Appropriations Act and any other federal legislation enacted in calendar years 2020 through 2022. Any federal funding appropriated under this Act for vaccine distribution, testing, or contact tracing shall be limited to funding specifically allocated for those purposes under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Consolidated Appropriation Act, or the American Rescue Plan Act of 2021 except to the extent other funding is provided for these purposes by the Governor.

SECTION 3. 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after the effective date of this Act.

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