HOUSE BILL 836

J1, J3, F2 EMERGENCY BILL 1lr1809
CF 1lr1786

By: **Delegate Pena–Melnyk**
Introduced and read first time: January 29, 2021
Assigned to: Health and Government Operations and Appropriations

A BILL ENTITLED

AN ACT concerning

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

FOR the purpose of requiring, on or before a certain date, the Maryland Department of Health, in collaboration with local health departments in the State, to adopt and implement a certain plan to respond to the outbreak of COVID–19; establishing certain requirements for the plan; requiring the Department, in collaboration with local health departments and other persons, to include in the plan the establishment of a Maryland Public Health Jobs Corps; establishing certain requirements for the Corps; requiring the Department to submit the plan to the General Assembly on or before a certain date; requiring the Department to provide in certain fiscal years certain funding in grants to local jurisdictions for certain purposes; authorizing a local jurisdiction to use certain grant funding for a certain purpose; establishing certain formulas for the allocation of certain funding to local jurisdictions; requiring the Department to first use certain federal funding to provide certain funding to local jurisdictions; requiring the Department to use general funds to provide certain funding to local jurisdictions under certain circumstances; requiring the Department, on or before a certain date and with input from certain persons, to develop and submit to the General Assembly a certain plan for vaccinating residents of the State against COVID–19; requiring that the plan include certain information; requiring the Department to provide to the General Assembly, for the duration of a certain calendar year, certain weekly progress reports on implementation of the plan; requiring the reports to be submitted to the General Assembly in a certain manner; requiring the Department to convene a Maryland Public Health Infrastructure Modernization Workgroup; providing for the composition of the Workgroup; requiring the Workgroup to conduct a certain assessment and make certain recommendations; requiring the Workgroup to submit a certain report to the General Assembly on or before a certain date; requiring, for a certain calendar year, institutions of higher education in the State to adopt and implement a certain COVID–19 testing plan; requiring that the COVID–19 testing plan adopted and implemented by institutions of higher education include a certain requirement; requiring home health agencies, nursing homes, and assisted living programs to

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

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 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; 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 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.

18–9A–02.

(A) ON OR BEFORE APRIL 1, 2021, THE DEPARTMENT, IN COLLABORATION WITH LOCAL HEALTH DEPARTMENTS IN THE STATE, 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 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 PUBLIC OR PRIVATE

COVID–19 TESTING LOCATIONS PER 100,000 RESIDENTS; 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;

(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.

(D) ON OR BEFORE APRIL 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 EXPAND CAPACITY FOR COVID–19 TESTING AND CONTACT TRACING.

(II) GRANT FUNDING PROVIDED FOR COVID–19 TESTING AND CONTACT TRACING UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL BE DIVIDED BETWEEN LOCAL JURISDICTIONS IN 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 TESTING AND CONTACT TRACING NEEDS OF THE LOCAL JURISDICTION.

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

(2) (I) FOR FISCAL YEARS 2021 AND 2022 AND IN ADDITION TO ANY FUNDING PROVIDED UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE DEPARTMENT SHALL PROVIDE FUNDING TO LOCAL JURISDICTIONS THAT ELECT 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.

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

CONTACT TRACING FOR THE STATE.

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

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

(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) (I) THE DEPARTMENT SHALL FIRST USE 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.

(II) 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:

(I) FIRST USE 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

(II) 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, 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.

(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:

(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, PREVENT, CONTROL, AND MITIGATE THE SPREAD OF INFECTIOUS DISEASE.

(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 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.

11–1702.

(A) FOR CALENDAR YEAR 2021, AN INSTITUTION OF HIGHER EDUCATION 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.

(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.

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) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT:

(1) THE GOVERNOR INCLUDE ADDITIONAL FUNDING 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 (1) OF THIS SUBSECTION BE IN ADDITION TO ANY OTHER PROVIDER RATE INCREASES INCLUDED IN THE BUDGET FOR FISCAL YEARS 2021 AND 2022.

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.

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

(C) THE COVID–19 TESTING PLAN SHALL ENSURE THAT PATIENTS AND STAFF WHO PROVIDE HOME HEALTH CARE SERVICES TO PATIENTS OF THE HOME HEALTH AGENCY ARE TESTED FOR COVID–19 ON A REGULAR BASIS AND AT A FREQUENCY THAT IS SUFFICIENT TO PREVENT THE SPREAD OF COVID–19 AMONG STAFF AND PATIENTS OF THE HOME HEALTH AGENCY.

(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.

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.

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.

(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.

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

(4) (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) THIS SECTION APPLIES TO:

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

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

(C) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR COVID–19 TESTS AND ASSOCIATED COSTS FOR THE ADMINISTRATION OF COVID–19 TESTS.

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

(I) 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

(II) 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) AN ENTITY SUBJECT TO THIS SECTION MAY NOT APPLY A COPAYMENT, COINSURANCE REQUIREMENT, OR DEDUCTIBLE TO THE COVERAGE REQUIRED UNDER THIS SECTION.

SECTION 3. 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. 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 yea 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.