HB 836

Department of Legislative Services

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FISCAL AND POLICY NOTE
First Reader

House Bill 836 (Delegate Pena-Melnyk)
Health and Government Operations and Appropriations

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

This emergency bill requires the Maryland Department of Health (MDH), in collaboration with local health departments (LHDs), to adopt and implement a two-year plan to respond to COVID-19 by April 1, 2021. The plan must include specified measures and establish a Maryland Public Health Jobs Corps (MPHJC). MDH must also develop and submit a comprehensive plan for vaccinating residents against COVID-19 and convene a Maryland Public Health Infrastructure Modernization Workgroup. MDH must provide specified funding to local jurisdictions, assisted living facilities, home health agencies, and nursing homes. Each assisted living facility, home health agency, nursing home, and institution of higher education must adopt and implement a specified COVID-19 testing plan. The bill also mandates specified health insurance coverage of COVID-19 testing and administration with no copayment, coinsurance, or deductible. **Provisions relating to testing plans, funding for nursing homes, and insurance coverage terminate December 31, 2022.**

Fiscal Summary

State Effect: Federal fund expenditures increase by *at least* $54.5 million in FY 2021 and $98.0 million in FY 2022 to provide funding to local jurisdictions and specified facilities. If sufficient federal funds are not available, general fund expenditures also increase. Expenditures for the State Employee and Retiree Health and Welfare Benefits Program increase by an indeterminate amount through the first half of FY 2023. Higher education expenditures may also be affected in FY 2021 and 2022. Minimal increase in special fund revenues for the Maryland Insurance Administration (MIA) from filing fees in FY 2021 and 2023; MIA special fund contractual expenditures increase in FY 2021 and 2023.

($ in millions)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
SF Revenues	-	$0	-	$0	$0
FF Expenditures	$54.5	$98.0	$0	$0	$0
GF/SF/FF/HE Exp.	-	-	-	$0	$0
Net Effect	($54.5)	($98.0)	(-)	$0.0	$0.0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: Local revenues and expenditures increase by *at least* $40.0 million in both FY 2021 and 2022, as discussed below. Additional impacts are possible, as discussed below.

Small Business Effect: Meaningful.

Analysis

Bill Summary:

Components of the Two-year Plan

The two-year plan to be adopted by MDH in collaboration with LHDs must:

- include measures to enhance State and local public health efforts to monitor, prevent, and mitigate the spread of COVID-19;
- assess the COVID-19 testing infrastructure;
- identify and address unmet testing needs;
- establish specific monthly testing goals;
- require State and local government testing providers to bill health insurance;
- require MDH to assist local jurisdictions that adopt strategies regarding accelerated access to and use of at-home and point-of-care testing and incentivize and encourage pharmacies and health care providers to offer testing;
- assess the contact tracing infrastructure and determine the optimal number of contact tracing and related personnel;
- identify and address unmet contact tracing and related outbreak prevention efforts;
- establish goals for identifying, locating, and testing individuals who have been in close contact with individuals who test positive for COVID-19;
- include a mechanism for monitoring performance of contact tracing and testing of contacts; and
- allow each local jurisdiction to establish and implement its own contact tracing program.

Maryland Public Health Job Corps

MPHJC must be composed of community health workers and other health care personnel recruited, trained, and deployed for employment by LHDs, nonprofit organizations, and other entities to respond to the outbreak of COVID-19 by providing or facilitating testing, contact tracing, vaccine administration, and other case management and resource support services.

MPHJC must have a design that prioritizes the recruitment, training, and deployment of individuals displaced from other workforce sectors impacted negatively by COVID-19 and include a pathway to positions with a responsibility to meet ongoing post-pandemic population health needs of underserved communities and vulnerable populations.

Grants to Local Jurisdictions

In both fiscal 2021 and 2022, MDH must provide local jurisdictions with (1) at least $25.0 million in grants to expand capacity for COVID-19 testing and contact tracing and (2) at least $15.0 million to vaccinate residents. Additional grant funding must be provided to local jurisdictions that elect to establish independent contact tracing programs. MDH must first use specified federal funding to provide grants; if federal funding is insufficient, general funds must be used to supplement federal funds. Grant funding must be divided between local jurisdictions in proportion to their respective populations. MDH must provide additional grant funding to a local jurisdiction if the department determines that the initial allocation is not sufficient to meet the testing and contact tracing or vaccination needs of the local jurisdiction.

A local jurisdiction may use grant funding for testing and contact tracing to expand COVID-19 testing capacity through direct testing or by contracting with other entities. For fiscal 2021 and 2022, MDH must provide additional funding to local jurisdictions that elect to establish and implement an independent contact tracing program. The amount of funding provided for an independent contact tracing program must be equivalent to the cost per case amount provided under the State contact tracing contract.

Grants to Assisted Living Programs and Home Health Agencies

To the extent practicable, MDH must provide grant funding to assisted living programs and home health agencies – up to $9.0 million in fiscal 2021 and $36.0 million in fiscal 2022 – to cover the cost of COVID-19 testing for residents, patients, and staff. The bill expresses legislative intent that MDH first use specified federal funding to provide grants; if federal funding is insufficient, general funds must be used to supplement federal funds.

Additional Funding for Nursing Homes

The bill expresses legislative intent that the Governor include additional funding – up to $5.5 million in fiscal 2021 and $22.0 million in fiscal 2022 – to cover the cost of COVID-19 testing of nursing home staff and residents during calendar 2021. Additional funding must be in addition to any other provider rate increases included in fiscal 2021 and 2022 budgets.

Vaccination Plan

By April 1, 2021, MDH, with input from subject matter experts and other stakeholders, must develop and submit to the General Assembly a comprehensive COVID-19 vaccination plan. The plan must include specified information on the categories of residents who will receive priority access to vaccines, the timeline for providing vaccines to each priority category and the general public, target metrics for vaccinating residents in each priority category and the general public, and a dedication of time and resources to target vaccine distribution and vaccine safety outreach efforts to communities disproportionately impacted by COVID-19 infection, morbidity, and mortality. After submission of the plan, MDH must provide weekly progress reports for the duration of calendar 2021.

Maryland Public Health Infrastructure Modernization Workgroup

The workgroup must assess the current public health infrastructure and resources in the State and 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. By December 1, 2021, MDH must submit a report that includes the findings and recommendations of the workgroup.

Assisted Living, Home Health, and Nursing Home COVID-19 Testing Plans

For calendar 2021 and 2022, assisted living facilities, home health agencies, and nursing homes must adopt and implement COVID-19 testing plans for patients/residents and staff. The plan must ensure that patients/residents and staff are regularly tested for COVID-19, as specified. MDH must adopt regulations that set standards for the testing plans; standards must be guided by applicable federal orders and policies and include requirements for testing frequency that are reasonably related to the COVID-19 testing positivity rate in the local jurisdiction in which the assisted living or nursing home is located and the home health care services are provided.

Higher Education COVID-19 Testing Plans

For calendar 2021, an institution of higher education must adopt and implement a COVID-19 testing plan to monitor, prevent, and mitigate the spread of COVID-19 among students and staff. The plan must include a requirement that any student be tested and provide confirmation of a negative COVID-19 test result (from a federal Food and Drug Administration (FDA)-approved polymerase chain reaction (PCR) or antigen test) before commencing in-person class attendance or returning to the campus to reside in housing owned by the institution of higher education.

Mandated Health Insurance Coverage of COVID-19 Tests

Insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) must provide coverage for COVID-19 tests, including any associated administration. "COVID-19 test" means an FDA-approved PCR test or an antigen test and includes an FDA-approved rapid point-of-care test and an at-home collection test. Coverage must be provided for a COVID-19 test (1) primarily for individualized diagnosis or treatment of COVID-19 for the member or to keep the member or others with whom the member is or may be in future contact from potential exposure to COVID-19 and (2) regardless of whether the member has symptoms or a suspected recent exposure. A carrier may not require a member to obtain a determination from a health care provider that a test is medically appropriate as a condition of coverage or apply a copayment, coinsurance requirement, or deductible to the coverage.

Current Law:

Maryland Response to COVID-19

Chapters 13 and 14 of 2020 authorized the Governor to take actions to facilitate access to health care and the provision of that care and to mitigate costs to individuals for COVID-19 diagnosis and treatment. Specifically, the Governor may (1) prohibit cost-sharing by a carrier for COVID-19 testing (and associated costs) conducted based on testing protocols recommended by the Secretary of Health; (2) order MDH to cover the cost of COVID-19 testing (and associated costs) if the costs would not otherwise be paid for by a carrier or another third party; and (3) require carriers and Medicaid to cover a COVID-19 immunization (and any associated costs), without cost-sharing, if the patient belongs to a category of individuals to whom MDH has determined cost-sharing should not apply.

In response to COVID-19, MIA adopted several sets of emergency regulations and bulletins, including requiring carriers to (1) waive any cost-sharing for any visit to diagnose or test for COVID-19, regardless of the setting of the testing; (2) waive any cost-sharing for laboratory fees to diagnose or test for COVID-19; (3) waive any cost-sharing for vaccination for COVID-19; (4) evaluate a request to use an out-of-network provider to perform diagnostic testing of COVID-19; and (5) consider an adverse decision on a request for coverage of diagnostic services for COVID-19 an emergency case for which an expedited grievance procedure is required.

Federal Requirements Regarding Insurance Coverage of COVID-19 Testing

Under the federal Families First Coronavirus Response Act, all public and private health insurance (including self-funded plans) must cover FDA-approved COVID-19 tests and associated costs without cost-sharing. However, coverage is only required if the test is

deemed medically appropriate by an attending health care provider. There is no limit on the number of COVID-19 tests that must be covered for an individual, as long as each test is deemed medically appropriate and the individual has signs or symptoms of or known or suspected recent exposure to COVID-19. Coverage is *not required* for routine tests to screen for general workplace health and safety, public health surveillance, or any other purpose not intended for individualized diagnosis and treatment of COVID-19 or another condition.

Federal Funding for COVID-19

To date, $3.2 billion in federal funds has been allocated to MDH for the State's COVID-19 response, including $555.0 million for testing and contact tracing and $71.0 million for vaccine distribution. Only $2.0 billion of these funds is reflected in the budget as introduced from fiscal 2020 to the fiscal 2022 allowance, excluding much of the ongoing spending in fiscal 2021. For example, of the $207.0 million awarded from the U.S. Centers for Disease Control and Prevention grant for testing and tracing, $29.3 million has been spent and $127.4 million had been obligated as of December 31, 2020, leaving approximately $50.3 million remaining to be spent before the supplemental grant expires on November 19, 2022. An additional $5.9 billion in federal funds has been allocated to counties, LHDs, and health care providers (including $6.0 million for nursing home testing costs).

Maryland Responds Medical Reserve Corps

The Maryland Responds Medical Reserve Corps (previously known as the Maryland Professional Volunteer Corps) is a community-based, civilian, volunteer program that helps build the public health infrastructure and response capabilities. Volunteer responders may deliver a variety of necessary public health services during a crisis, such as providing care directly to individuals seeking medical or mental health attention at disaster relief shelters or assisting communities with ongoing public health needs, such as immunizations, screenings, health and nutrition education, or volunteering in community health centers and local hospitals. As of December 2020, nearly 16,000 volunteers were registered with Maryland Responds.

For additional information about COVID-19, please see the **Appendix – COVID-19**.

State Expenditures: Federal funding, some of which is already available to MDH and the State, is expected to cover most of the known – mandated – costs of the bill, particularly since the bill encompasses federal funding allocated through federal legislation yet to be enacted in 2021 and 2022. To the extent that federal funding is not sufficient to do so,

general funds must be used. Other costs and operational impacts are identified, but not quantified, below.

Grants to Local Jurisdictions and Health Care Facilities

MDH federal fund expenditures increase by at least $54.5 million in fiscal 2021 and $98.0 million in fiscal 2022 to provide grants to local jurisdictions and health care facilities as shown in **Exhibit 1**. The bill specifies that MDH first use specified federal funding to provide grants; if federal funding is insufficient, general funds must be used to supplement federal funds.

Exhibit 1
Mandated Grant Funding to Local Jurisdictions and Health Care Facilities
($ in Millions)

	FY 2021	**FY 2022**
Locals – Testing/Contact Tracing*	$25.0	$25.0
Locals – Vaccinations*	15.0	15.0
Assisted Living/Home Health Agencies – Testing**	9.0	36.0
Nursing Homes – Testing	5.5	22.0
Total	**$54.5**	**$98.0**

*The bill requires *at least* $25.0 million in grants for testing and contact tracing and *at least* $15.0 million in grants to vaccinate residents; additional funding must be provided if the initial allocation is not sufficient to meet local needs. Additional funding must also be provided to local jurisdictions that elect to establish independent contact tracing programs.

**The bill requires *up to* $9.0 million for this purpose in fiscal 2021 (and $36.0 million in fiscal 2022); this analysis assumes the full amount is expended and that the ceiling applies only to fiscal 2021 spending.

Source: Department of Legislative Services

State Employee and Retiree Health and Welfare Benefits Program

The Department of Budget and Management advises that the State Employee and Retiree Health and Welfare Benefits Program currently pays the full cost of a COVID-19 test performed due to medical necessity (conducted by or ordered by a physician). Under the bill, a determination from a health care provider that a test is medically appropriate cannot

be required as a condition of coverage; therefore, expenditures for the program (75% general funds, 15% special funds, and 10% federal funds) increase by an indeterminate amount through the first half of 2023. The amount of any such increase depends on the number of additional tests performed for enrollees not due to medical necessity.

COVID-19 Response Plan and Vaccination Plan

MDH can likely develop and implement a two-year plan to respond to COVID-19 and develop and submit to the General Assembly a comprehensive COVID-19 vaccination plan by April 1, 2021, using existing budgeted resources, as these are tasks in which the department is already actively engaged.

However, MDH advises that these requirements may have an operational and/or fiscal impact on the department as it is in the midst of the COVID-19 response. With respect to a vaccine plan, MDH is constantly refining plans to adjust to the evolving situation and information from the federal government. It is unclear whether MDH's current COVID-19 testing, contact tracing, and vaccination activities satisfy the plans required under the bill. Therefore, to the extent additional resources are needed, general fund expenditures may increase by an indeterminate amount.

Maryland Public Health Infrastructure Modernization Workgroup

The bill requires MDH to convene a Maryland Public Health Infrastructure Modernization Workgroup and submit a report of findings and recommendations by December 1, 2021. This workgroup can likely be convened and a report submitted using existing budgeted resources. However, participation in the workgroup will redirect MDH staff from other duties related to the department's ongoing COVID-19 response.

Maryland Public Health Job Corps

MDH currently administers the Maryland Responds Medical Reserve Corps. However, the requirements for MPHJC under the bill differ. In particular, the bill specifies that MPHJC have a design that prioritizes the recruitment, training, and deployment of individuals displaced from other workforce sectors impacted negatively by COVID-19 and include a pathway to positions with a responsibility to meet ongoing post-pandemic population health needs of underserved communities and vulnerable populations. It is unclear if MDH could modify Maryland Responds to meet the bill's requirements or if a new program would be required. Therefore, any impact on expenditures cannot be reliably estimated at this time.

COVID-19 Testing Plans for Institutions of Higher Education

This analysis does not reflect any additional expenditures for institutions of higher education to adopt and implement a COVID-19 testing plan as required under the bill.

For context, however, for the fall 2020 semester, all public four-year and three private, nonprofit Maryland Independent College and University Association (MICUA) institutions required proof of a negative COVID-19 test prior to returning to campus, though most offered only limited in-person instruction or housing. Also, nine community colleges required self-assessment or self-monitoring for students returning to campus.

The University System of Maryland (USM) advises that most USM institutions have testing policies in place for the spring 2021 semester that are similar to the bill's requirements. However, USM expenditures on testing have been significant (upward of $10.0 million annually). Should USM continue to bear the cost of much of the testing, it could have a significant fiscal impact, particularly on the University of Maryland, College Park Campus. A similar impact could be felt by Morgan State University, St. Mary's College of Maryland, and Baltimore City Community College.

Furthermore, the bill specifically requires institutions of higher education to accept a negative PCR or antigen test result. Limiting the plans to only these tests may present a challenge to institutions to the extent testing technologies change during the year and less expensive or more advanced FDA-approved tests become available.

Maryland Insurance Administration

MIA special fund expenditures increase for contractual support in reviewing policy forms to ensure compliance in fiscal 2021 and likely again in fiscal 2023 after the mandate terminates and forms must again be filed.

State Revenues: MIA special fund revenues increase in fiscal 2021 and again in fiscal 2023 due to the $125 rate and form filing fee.

Local Revenues: Local revenues increase by *at least* $25.0 million in fiscal 2021 and 2022 from grants to provide testing and contact tracing and *at least* $15.0 million in each of those years for vaccinations. Additional funding must be provided if the initial allocation is not sufficient to meet local needs. MDH must also provide additional funding to local jurisdictions that elect to establish independent contact tracing programs.

Local Expenditures: Local expenditures increase by *at least* $25.0 million in fiscal 2021 and 2022 to provide COVID-19 testing and contact tracing and, if a jurisdiction elects, to

establish independent contact tracing programs. In addition, local expenditures further increase by *at least* $15.0 million in each of those years for vaccinations.
Prince George's County advises that assessment of testing and contact tracing needs, along with implementation of testing, contact tracing, and vaccination efforts as outlined under the bill will likely cost the county $10.0 million in fiscal 2022. The county notes that, as of January 25, 2021, it had spent $14.9 million on testing and $4.2 million on contact tracing efforts alone.

As noted above, local community colleges must adopt and implement a COVID-19 testing plan as required under the bill. Although some have already done so, this analysis does not reflect any additional costs or operational impacts to do so in fiscal 2021 and 2022.

Also, expenditures for local jurisdictions as employers may increase through the first half of fiscal 2023 due to the health insurance coverage mandate.

Small Business Effect: Under the bill, assisted living facilities and home health agencies, many of which are small businesses, receive a total of $45.0 million in grants to cover the cost of testing for residents, patients, and staff. These entities are also required to adopt and implement COVID-19 testing plans to ensure that patients/residents and staff are regularly tested for COVID-19 in calendar 2021 and 2022, which may have an indeterminate cost on these facilities.

Private career schools, some of which are small businesses, must also adopt and implement a COVID-19 testing plan under the bill.

Additional Comments: A similar impact to that described for USM may also be felt by MICUA institutions in fiscal 2021 and 2022.

Additional Information

Prior Introductions: None.

Designated Cross File: SB 741 (Senator Rosapepe, *et al.*) - Finance and Budget and Taxation.

Information Source(s): Maryland Association of County Health Officers; Howard, Montgomery, and Prince George's counties; Morgan State University; University System of Maryland; Department of Budget and Management; Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

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rh/ljm

Analysis by: Jennifer B. Chasse

Direct Inquiries to:
(410) 946-5510
(301) 970-5510

Appendix – COVID-19

In December 2019, a novel strain of coronavirus known as severe acute respiratory syndrome coronavirus 2 emerged in Wuhan, China. Coronavirus disease (COVID-19) is an infectious disease caused by this virus. As the number of cases spread globally by March 2020, the World Health Organization declared COVID-19 a pandemic.

Testing, Cases, and Deaths in Maryland

Maryland's first three confirmed cases of COVID-19 were recorded on March 6, 2020, with the first two deaths occurring March 16, 2020. As of January 27, 2021, Maryland reported a total of 346,559 confirmed cases, 31,468 individuals ever hospitalized, and 6,821 confirmed deaths. The jurisdictions with the highest number of cases have been Prince George's, Montgomery, and Baltimore counties and Baltimore City. Statewide, 8.4% of cases (28,954) and 45.9% of COVID-19 deaths (3,130) occurred in congregate living settings (*i.e.*, nursing homes, assisted living, and group homes). Updated data on COVID-19 in Maryland is available on the Maryland Department of Health (MDH) dashboard: https://coronavirus.maryland.gov.

Vaccines

In December 2020, the U.S. Food and Drug Administration approved both Pfizer-BioNTech and Moderna's COVID-19 vaccines for emergency use. Due to limited quantities, distribution began with priority groups as determined by states. Maryland began distribution in January 2021 with Phase 1A, which includes health care workers, residents and staff of nursing homes, first responders, public safety, corrections staff, and front-line Judiciary staff. Phase 1B began January 18, 2021, and includes residents of assisted living facilities and other congregate settings, adults age 75 and older, staff of K-12 schools and child care facilities, high-risk incarcerated individuals, and those involved in continuity of government. As of January 27, 2020, the State is in Phase 1C, which includes adults aged 65 and older, additional public safety and public health workers, and essential workers in food/agriculture, manufacturing, public transit, and the postal service. Phase 2 will include individuals aged 16 to 64 at increased risk of severe illness, incarcerated adults, and remaining essential workers. Phase 3 will include the general public. As of January 27, 2021, 852,625 doses of the vaccine have been distributed, and 419,579 doses have been administered (363,282 first doses and 56,297 second doses). Updated data is available on the MDH dashboard: coronavirus.maryland.gov/#Vaccine.

Declaration of a State of Emergency and Initial Executive Orders

On March 5, 2020, Governor Lawrence J. Hogan, Jr. declared a state of emergency and the existence of a catastrophic health emergency to deploy resources and implement the emergency powers of the Governor to control and prevent the spread of COVID-19. The declaration, which has been renewed several times (most recently January 21, 2021), initiated a series of executive actions, including moving the Maryland Emergency Management Agency to its highest activation level, activating the National Guard, and closing all public schools. The Governor then ordered the closure of in-house dining at bars and restaurants and banned mass gatherings of more than 50 people. This action was followed by a more extensive stay-at-home order on March 30, 2020, requiring closure of all nonessential businesses. This order remained in effect until May 15, 2020.

Emergency Legislation

Chapters 13 and 14 of 2020 (the COVID-19 Public Health Emergency Protection Act of 2020) authorized the Governor, for the duration of the emergency, to take actions relating to health insurance, Medicaid, retailer profits, employer actions, and personnel at State health care facilities as a result of the state of emergency and catastrophic health emergency. The Acts also authorize the Secretary of Labor to determine certain individuals eligible for unemployment insurance (UI) benefits due to COVID-19. The Acts terminate April 30, 2021.

Subsequent Executive Orders and Advisories

Since March 2020, the Governor has issued numerous executive orders relating to COVID-19, including (1) closing Maryland ports and harbors to passenger vessels; (2) expanding child care access; (3) expanding the scope of practice for health care practitioners, activating the Maryland Responds Medical Reserve Corps, controlling and restricting elective medical procedures, closing adult day care centers, and providing additional health care regulatory flexibility; (4) augmenting emergency medical services; (5) prohibiting price gouging; (6) fast tracking lab testing processes; (7) authorizing expanded telehealth services; (8) delegating authority to local health officials to control and close unsafe facilities; (9) extending certain licenses, permits, and registrations; (10) authorizing remote notarizations; (11) prohibiting evictions of tenants suffering substantial loss of income due to COVID-19, additionally prohibiting certain repossessions, restricting initiation of residential mortgage foreclosures, and prohibiting commercial evictions; (12) regulating certain businesses and facilities and generally requiring the use of face coverings; (13) establishing alternate health care sites and authorizing regulation of patient care space in health care facilities; and (14) implementing alterative correctional detention and supervision.

Federal Legislation Regarding COVID-19

Five federal emergency bills have been enacted to address the COVID-19 pandemic:

- the **Coronavirus Preparedness and Response Supplemental Appropriations Act**, which provided $8.3 billion in emergency funds for federal agencies (including $950 million through the U.S. Centers for Disease Control and Prevention for state and local response);

- the **Families First Coronavirus Response Act,** which addressed emergency family and medical leave and paid sick leave, specified insurance coverage of COVID-19 testing, and provided additional funding for nutrition assistance programs and unemployment benefits;

- the **Coronavirus Aid, Relief, and Economic Security (CARES) Act**, which included a Coronavirus Relief Fund for state and local governments; an Education Stabilization Fund for states, school districts, and institutions of higher education; a Disaster Relief Fund for state and local governments; additional funding for public health agencies to prevent, prepare for, and respond to COVID-19; funding for transit systems; an expansion and extension of eligibility for UI benefits, and additional temporary unemployment compensation of $600 per week; $349 billion for the establishment of the Paycheck Protection Program (PPP); a $500 billion lending fund for businesses, cities, and states; and Economic Impact Payments to American households of up to $1,200 per adult and $500 per child;

- the **Paycheck Protection Program and Health Care Enhancement Act**, which provided an additional $310 billion to PPP, $75 billion for health care providers, $60 billion for small business disaster loans, and $25 billion for increased testing capacity; and

- the **Consolidated Appropriations Act, 2021, and Other Extensions Act**, which included $908 billion in relief, including another $284 billion for PPP, $82 billion for schools, $45 billion for transportation, $25 billion in emergency assistance to renters, $20 billion for vaccine distribution, $13 billion for a major expansion in Supplemental Nutrition Assistance benefits, $13 billion for agriculture and rural programs, $10 billion for child care assistance, extended federal unemployment benefits of up to $300 per week, extended the federal moratorium on evictions through January 31, 2021, and provided a second stimulus payment of up to $600 per person.

Federal Funding for Maryland to Address COVID-19

The CARES Act and the Families First Coronavirus Response Act provided Maryland with a significant amount of federal aid. More than $6 billion in assistance has been made available to the State and local governments, including an enhanced federal matching rate for Medicaid. More than $900 million was directly provided to local governments. The largest and most flexible portion of CARES Act funding is the Coronavirus Relief Fund, which totals $2.3 billion, $691 million of which was allocated directly to Baltimore City and Anne Arundel, Baltimore, Montgomery, and Prince George's counties.

CARES Act funding also included $800 million for the Disaster Recovery Fund; $696 million for transit grants; $575 million in enhanced Medicaid matching funds (through December 2020); $239 million in CDC grants; $108 million for airports; $74 million for community development block grants; $50 million for homelessness assistance; $46 million for grants for local education agencies and higher education institutions; $46 million for child care and development block grants; $36 million for public housing and rental assistance grants; $24 million for community health centers; $20 million for senior nutrition; $19 million for energy assistance; $18 million for justice assistance grants; $17 million for administration of the UI program; $14 million for community service block grants; $13 million for emergency food assistance; $8 million for Head Start; $8 million for the Women, Infants, and Children program; and $7 million for election security.

The Consolidated Appropriations Act is estimated to provide Maryland with $1.2 billion for education (including $869 million for K-12 education, $306 million for higher education, and $57.7 million for the Governor's Fund); $1.1 billion for transportation (including $830.3 million for transit in the Washington, DC area, $149.3 million for highways, $76.2 million for transit in Baltimore, $22.5 million for airports, and $9.1 million for rural area grants); more than $475 million for health (including $335.6 million for testing, $75.3 million for vaccines, $32.6 million for mental health assistance, and $31.9 million for substance use assistance); $402.4 million for rental assistance; and $140.6 million for human services (including $130.4 million for child care).