



# **COVID-19 Update More Testing Less Transmission**

**Maryland Department of Health  
Maryland Primary Care Program  
Program Management Office**

1 July 2020

# Phase 2 Maryland Strong Recovery Advanced Primary Care on the Front Line



Even as we emerge from our shelters the COVID-19 virus remains among us. Harm reduction, Testing, Contact tracing, Face coverings Social distancing and hand hygiene are the “medicine”

# Agenda

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- ❖ Today's Morbidity and Mortality Data
- ❖ Projections
- ❖ National Cases Surge
- ❖ Testing
- ❖ Contact Tracing
- ❖ Payment Updates
- ❖ Future Webinars Info
- ❖ Q & A
- ❖ Resources Appendix

# Morbidity and Mortality Update

	New Cases (6/30)	Cumulative Cases	Percentage Hospitalized	Cumulative Deaths
<b>United States</b>		2,581,229 (6/30)		126,739 (6/30)
<b>Maryland</b>	359	67,918	16.0%	3077

	20-29	30-39	40-49	50-59	60-69	70-79	80+
<b>% of cases</b>	14.81	18.69	17.75	15.73	11.22	7.05	6.59
<b>Case rate (per 100,000)</b>	1247.44	1552.41	1554.71	1232.63	1123.55	1256.29	2052.78
<b>% of cases hospitalized</b>	6.07	8.51	11.87	19.58	28.69	39.91	32.04
<b>Rate hospitalized (per 100,000)</b>	75.67	132.10	184.57	241.38	322.36	501.36	657.64



# COVID-19 Daily Report - Maryland Department of Health

Data reported as of 7/1/2020

**67,918**  
confirmed cases

**9,565**  
tests reported 6/30

**662,266**  
cumulative tests

**3,077**  
confirmed deaths

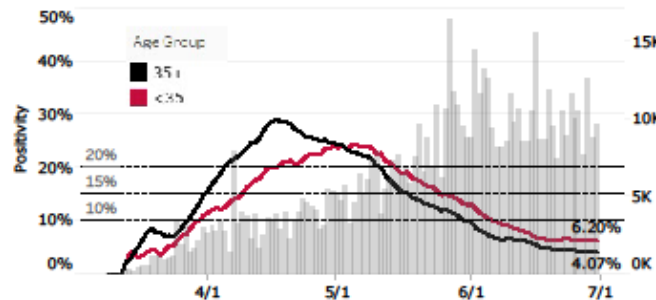
**+359**  
cases reported on 6/30\*

**4.61%**  
daily positivity reported 6/30

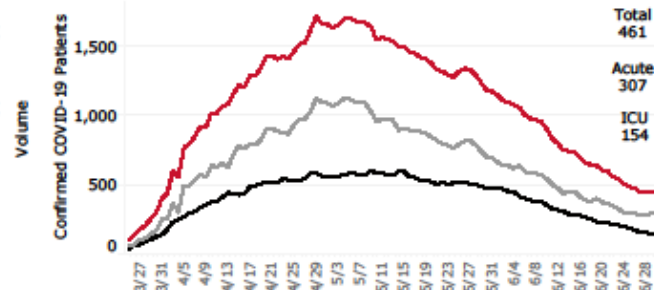
**4.72%**  
7-day avg. positivity\*\* reported 6/30

**+15**  
deaths reported on 6/30

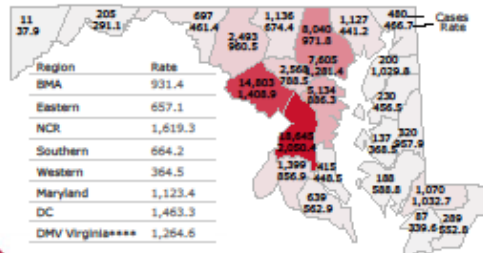
7-Day Avg. Percent Positive Testing\*\* and Total Testing Volume



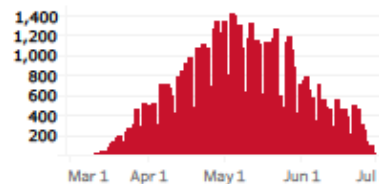
Statewide Acute/ICU Beds Occupied by COVID Patients



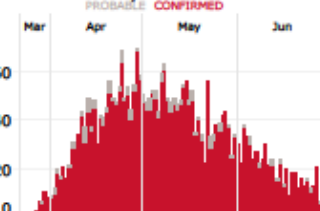
Cases and Rates by County of Residence



Daily Cases by Specimen Collection Date

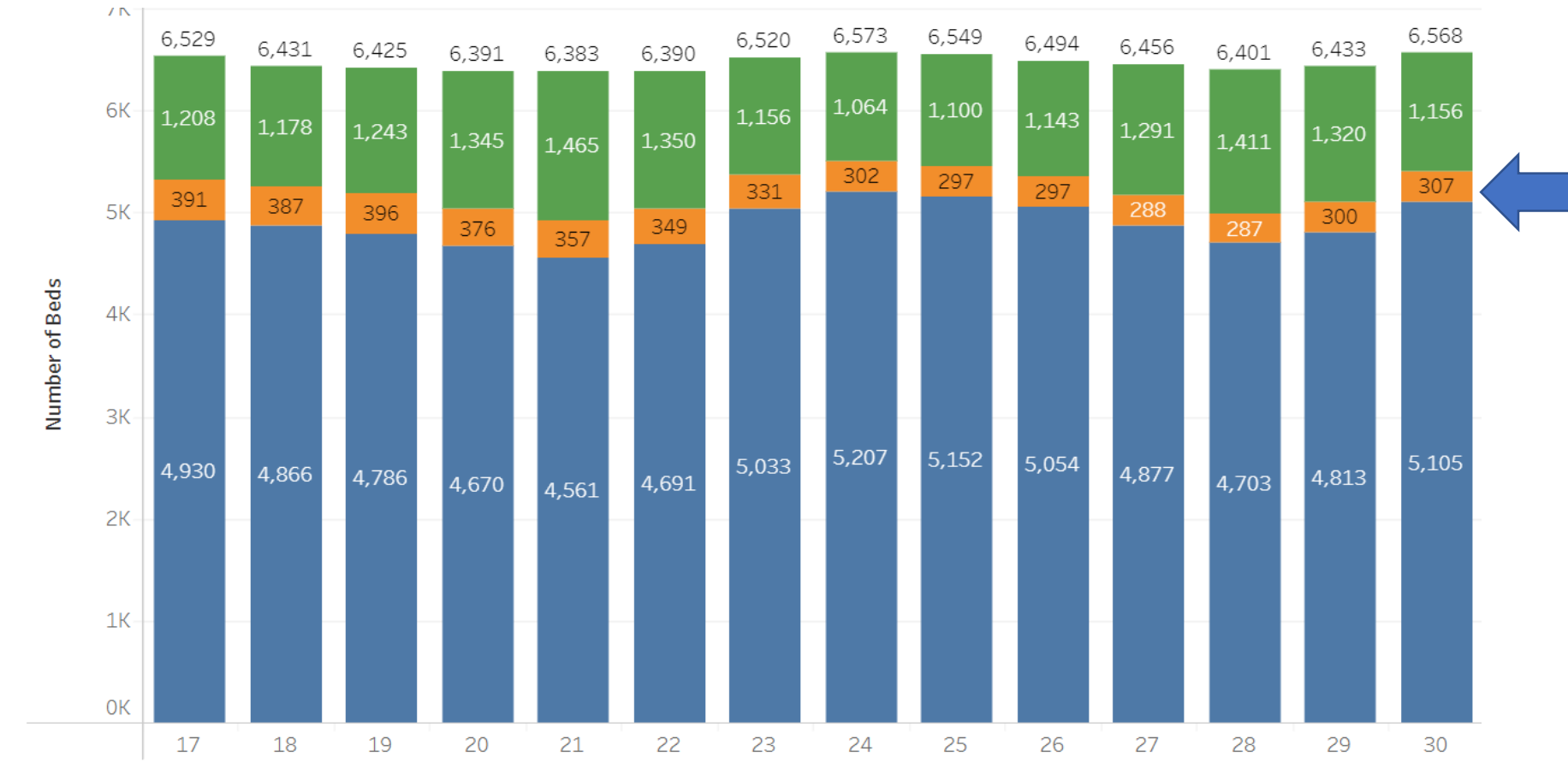


Daily Deaths

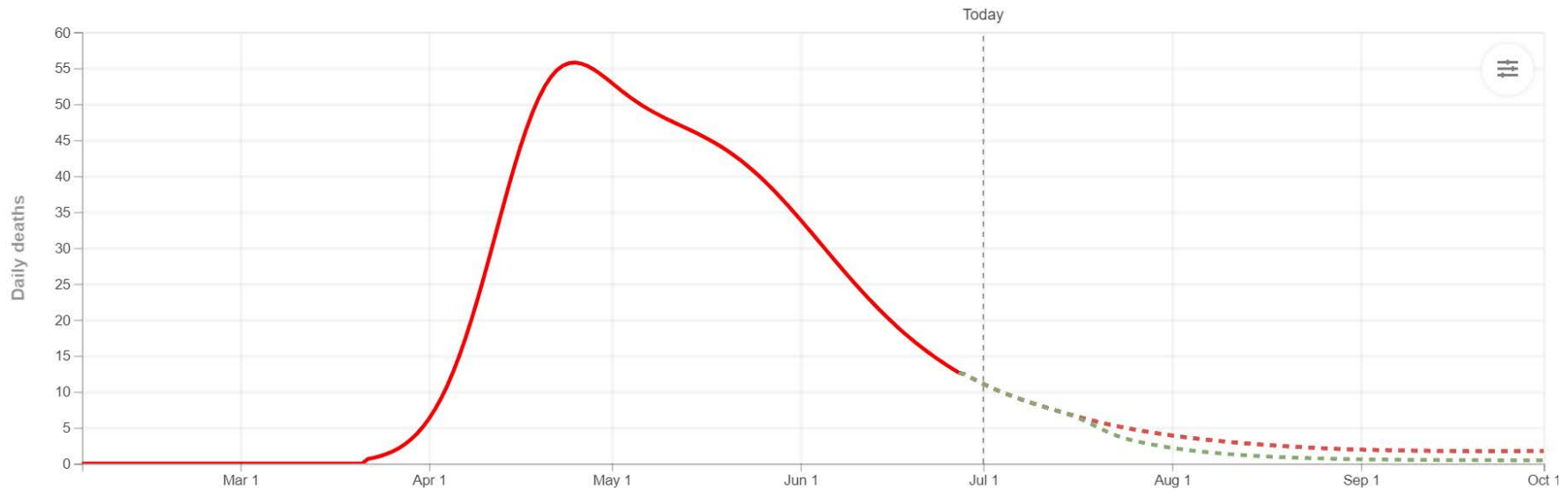


All case-related counts on this dashboard are of individual people infected with COVID-19.  
Report date: the day a case was reported to the Maryland Department of Health.  
Specimen date: the day the initial lab specimen was collected.  
DMA: Baltimore Metro Area; NCR: National Capital Region; DMV: DC, Maryland, and Virginia Area  
Rates calculated using total confirmed cases and 2019 population estimates. Rates do not exclude recovered cases. Rates are calculated as cases per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.  
\*Daily case increase uses report date.  
\*\*Positivity calculated using a 7-day rolling average  
\*\*\*DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

# Hospital Capacity and Use

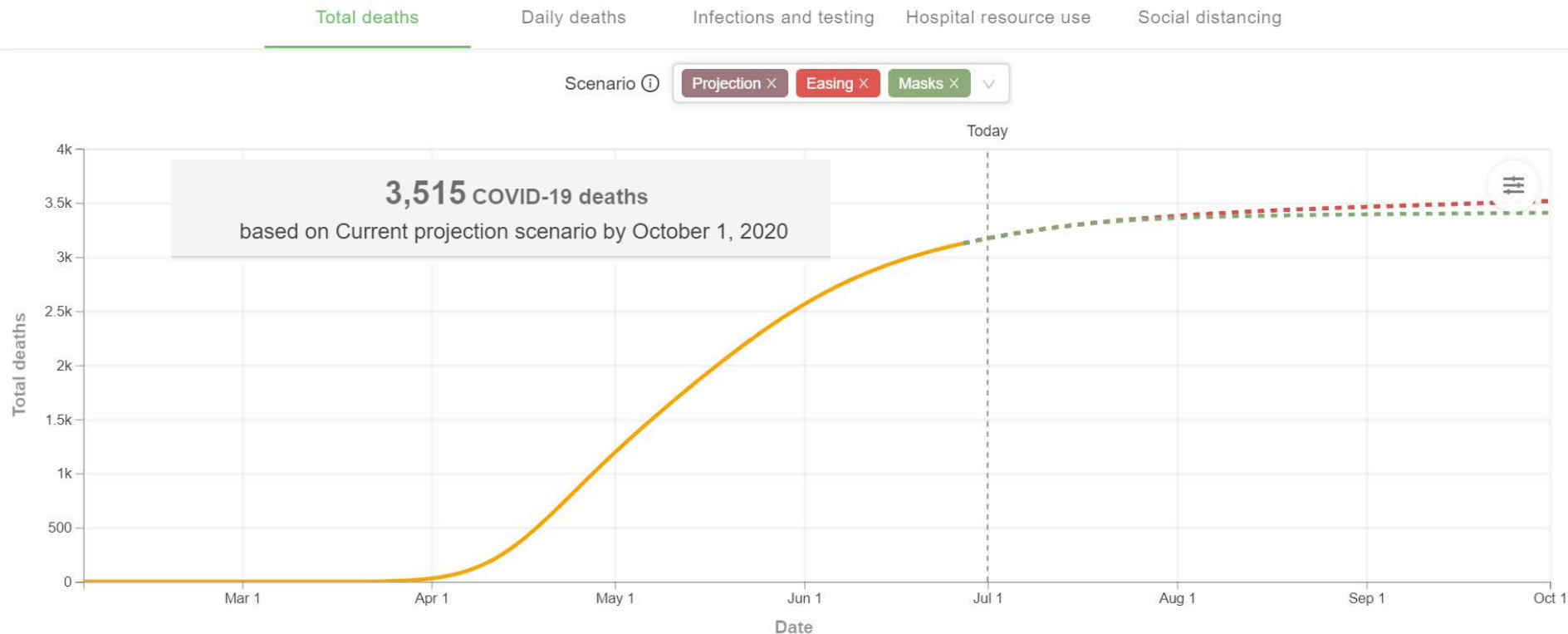


# Daily Deaths - Projections



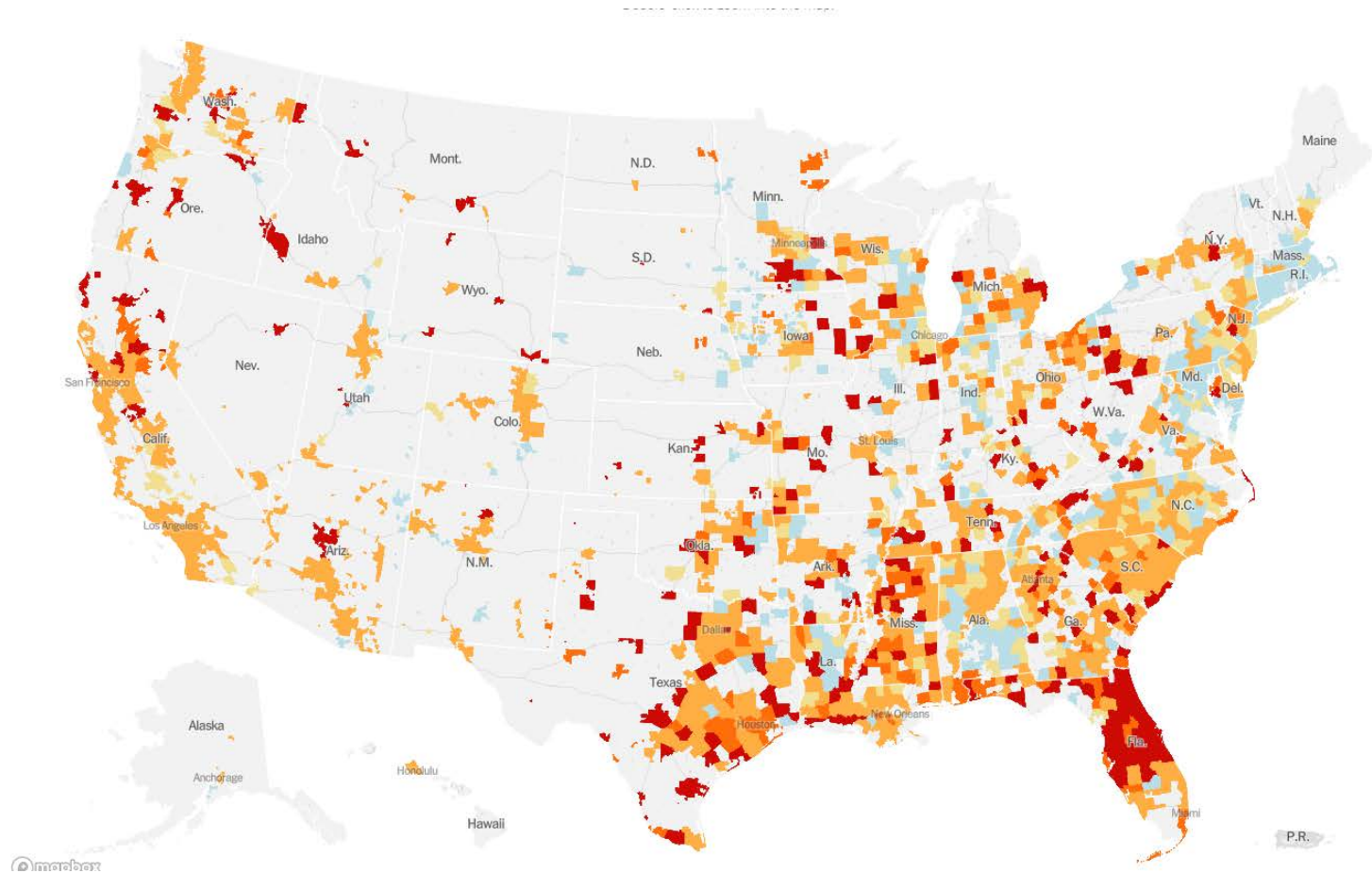
# Maryland Total Deaths

## Most in Vulnerable Individuals

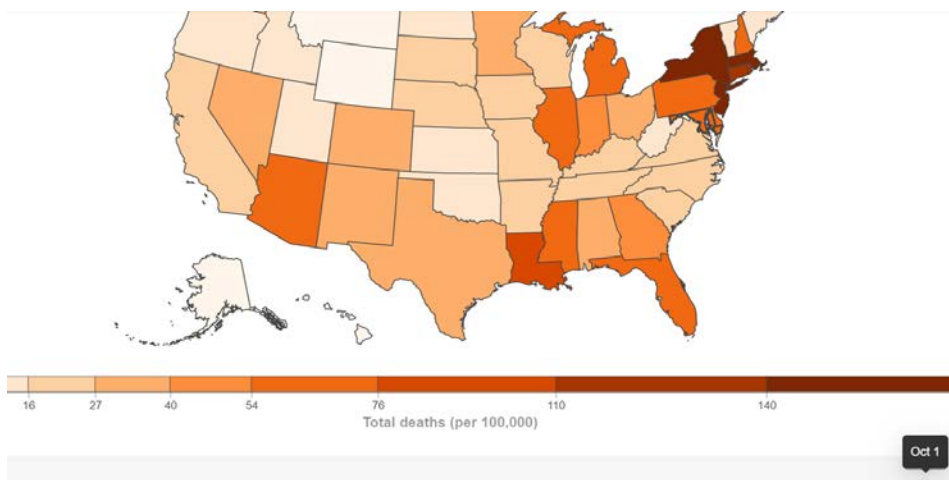
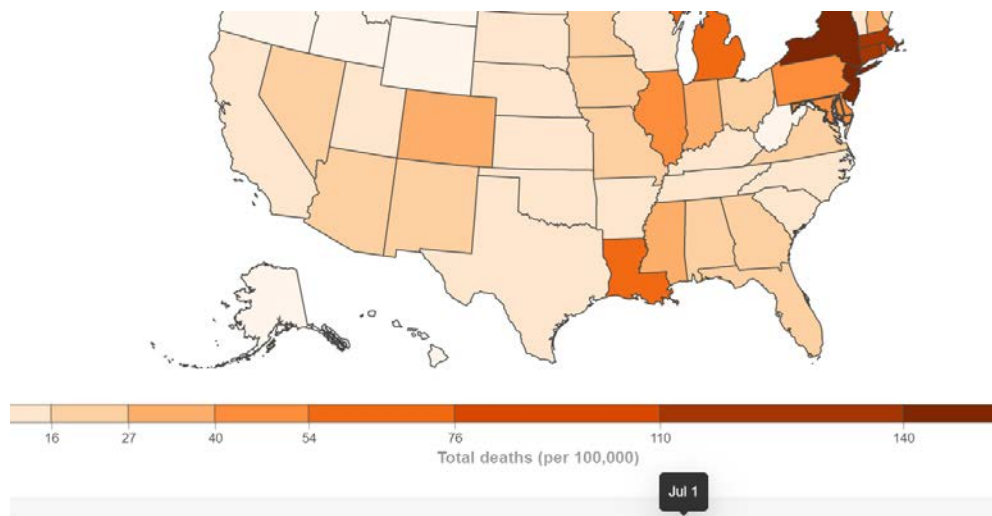


# COVID-19 Outbreak US Hotspots

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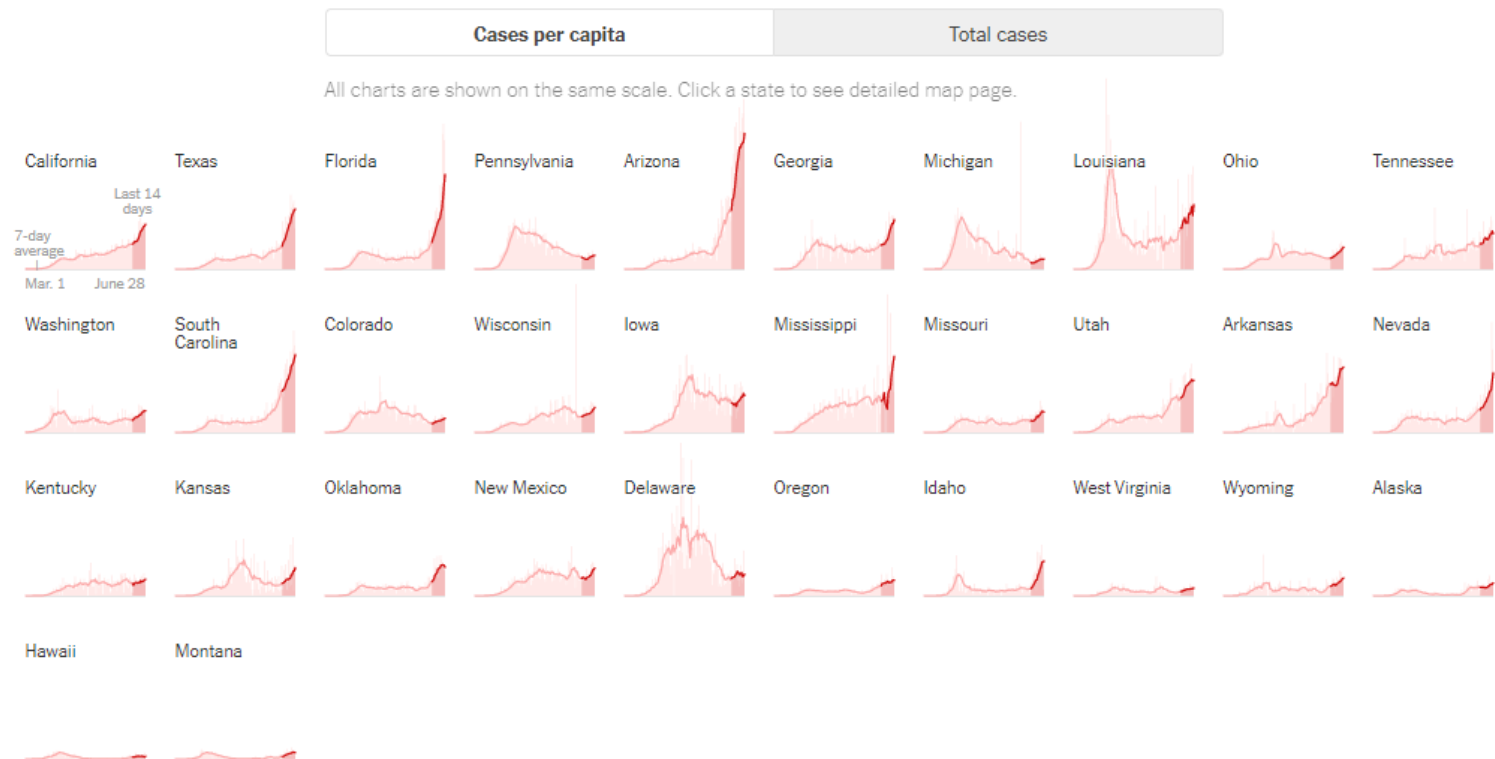
# Deaths per 100k Projections





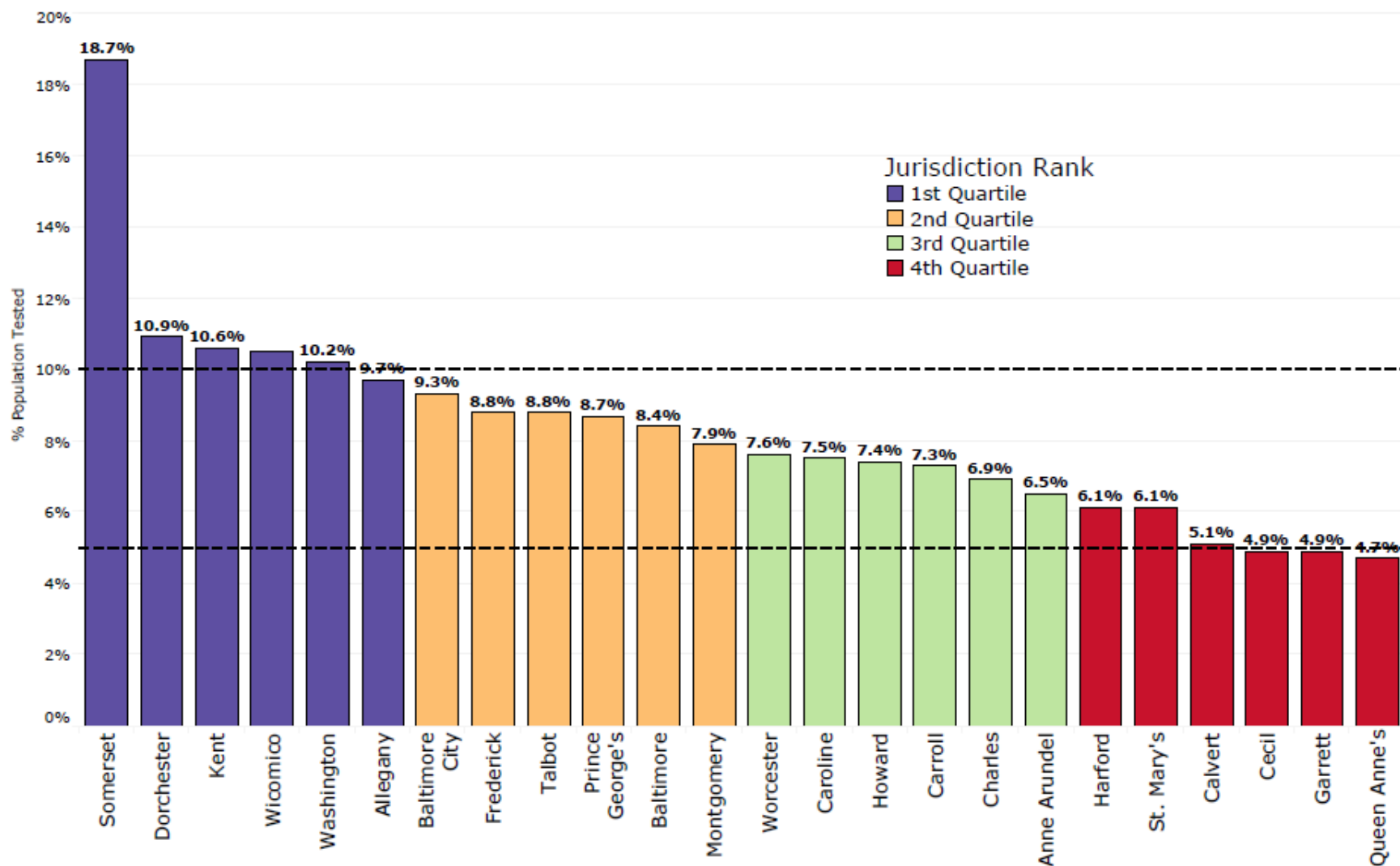
# State-by-state – COVID-19 cases are rising

## Where new cases are increasing



# Percent of Population Tested for COVID-19 in Maryland Counties














Data reported as of 6/23/2020



State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %
<b>Maryland</b>	<b>63,956</b>	<b>462,280</b>	<b>7.7%</b>	<b>11,802</b>	<b>555,874</b>	<b>5.2%</b>
Allegany County	188	6,134	8.6%	296	6,742	0.6%
Anne Arundel County	4,880	35,435	6.2%	915	43,118	5.8%
Baltimore County	7,480	67,439	8.1%	1,381	83,309	6.5%
Baltimore City	6,993	53,218	8.8%	1,460	64,041	5.7%
Calvert County	393	4,547	4.9%	164	5,049	2.8%
Caroline County	290	2,400	7.2%	39	2,737	2.3%
Carroll County	1,028	11,697	6.9%	248	13,816	1.8%
Cecil County	460	4,856	4.7%	160	5,575	4.5%
Charles County	1,304	10,620	6.6%	219	12,583	3.3%
Dorchester County	180	3,326	10.4%	72	3,848	5.4%
Frederick County	2,380	21,392	8.4%	541	24,329	4.7%
Garrett County	10	1,400	4.8%	33	1,688	0.6%
Harford County	1,052	14,886	5.9%	281	16,187	2.9%
Howard County	2,409	23,096	7.1%	589	25,543	5.8%
Kent County	193	1,983	10.2%	69	2,422	1.8%
Montgomery County	14,004	79,744	7.6%	2,398	92,264	6.9%
Prince George's County	17,804	75,494	8.3%	1,748	87,578	8.9%
Queen Anne's County	204	2,228	4.4%	56	2,765	4.2%
Somerset County	83	4,724	18.4%	60	4,999	1.6%
St. Mary's County	597	6,664	5.9%	196	8,461	2.6%
Talbot County	113	3,080	8.3%	141	3,538	1.3%
Washington County	602	13,485	8.9%	326	16,132	2.1%
Wicomico County	1,039	10,648	10.3%	158	12,802	4.0%
Worcester County	270	3,784	7.3%	138	4,188	4.0%

# Pent-Up Demand and Excess Deaths Maryland

Total number of deaths above average since 2/1/2020, by cause of death

Respiratory diseases	Influenza and pneumonia		61
	Chronic lower respiratory disease		104
	Other diseases of the respiratory system		40
Circulatory diseases	Hypertensive diseases		169
	Ischemic heart disease		195
	Heart failure		16
	Cerebrovascular diseases		178
	Other diseases of the circulatory system		142
Malignant neoplasms	Malignant neoplasms		161
Alzheimer disease and dementia	Alzheimer disease and dementia		359
Other select causes	Diabetes		168
	Renal failure		7
	Sepsis		31

# Testing Marylanders in Primary Care

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*Maryland Secretary of Health, Robert R. Neall, orders all the state's healthcare providers to order COVID-19 tests for clients who believe it necessary, regardless of symptoms*

- ❖ Testing is now widely available in Maryland
- ❖ Today (July 1, 2020) Maryland's Secretary of Health issued the directive that "Healthcare providers shall order a COVID-19 test for any individual who believes it necessary, regardless of symptoms."
- ❖ Additional information is provided in the directive
- ❖ PPE and testing supplies will be provided to practices that are testing; contact [PPE request forms and local contacts](#)
- ❖ Patients shall be tested regardless of payer at no cost to patients
- ❖ Collection and interpretation of samples are reimbursable

# Office-Based COVID Testing Workflows

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- ❖ Parking lot tents
- ❖ Parking lot drive through
- ❖ Dedicated office testing room
- ❖ Dedicated days/times for testing
- ❖ Dedicated staff for testing



# Sampling techniques

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- ❖ Nasopharyngeal
  - Uncomfortable and likely to cause sneeze/cough
  - Requires full PPE
- ❖ Mid-turbinate
- ❖ Nasal
  - Can be self-administered by patient
  - Limited PPE needed
- ❖ Oral
- ❖ Saliva

# Nasal Sampling Technique

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- ❖ Nasal sampling is less invasive and results in less patient discomfort than sampling from other upper respiratory anatomical sites.
- ❖ A self-administered nasal swab is similarly effective to a nasopharyngeal swab in detecting coronavirus.
- ❖ Collection of nasal swab specimens is less technically complex, so can reduce the risk of infection spread to healthcare providers, by (1) reducing the duration of the procedure, and (2) allowing the patient to perform self-collection under supervision.
- ❖ Nasal swab collection also reduces PPE use since patients can perform self-collection under supervision (instead of healthcare providers performing the collection).
- ❖ The procedure for nasal (anterior nasal) sampling is as follows: Using a flocked or spun polyester swab, insert the swab at least 1 cm (0.5 inch) inside the nostril (naris) and firmly sample the nasal membrane by rotating the swab and leaving in place for 10 to 15 seconds.
- ❖ Sample both nostrils with same swab.
- ❖ For healthcare providers observing patient self-collection of nasal (anterior nares) samples, so are therefore handling specimens, but are not directly involved in collection and not working within 6 feet of the patient: Follow Standard Precautions
- ❖ Gloves are recommended. Note that healthcare personnel are recommended to wear a form of source control (facemask or cloth face covering) at all times while in the healthcare facility.
- ❖ PPE use can be minimized through patient self-collection *while the healthcare provider maintains at least 6 feet of separation.*

# Lab Selection

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## ❖ Commercial

- Quest
- Labcorp
- Cian

## ❖ State

- Cian

## ❖ Hospital

- University of Maryland
- Johns Hopkins

# Contact Tracing

*Governor Hogan orders all healthcare practitioners to order COVID-19 tests for their patients who desire and consider it necessary*

- COVID-19 testing is no longer restricted to symptomatic patients
- Providers should make sure the patients' phone numbers are updated in the electronic medical record before ordering a test
- Providers should advise tested patients to monitor their telephones closely for 72 hours after specimen collection, as they will receive a contact tracing call from MD COVID (240-466-4488) if positive
- [MDH Contact Tracing Information for Healthcare Providers](#)

# Gating Benchmark Metrics

Primary Care Roadmap to Recovery

Focus on gating benchmarks for continued safe rollout of expanding reopening efforts, and as we transition from “Stay at Home,” to voluntary “Safer at Home”



## “Stop Signs”

- An unexpected increase in hospitalizations or a sustained increase in cases requiring intensive care; and sustained increase in cases over a period of five or more days
- Increase in number of daily COVID deaths
- Indications that Marylanders are disregarding physical distancing guidelines
- Significant outbreaks of community transmission (not clusters or outbreaks in particular nursing homes or vulnerable communities) where contact tracing cannot establish the route of the spread

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# Likely renewal of HHS COVID-19 Public Health Emergency

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- ❖ HHS COVID-19 Public Health Emergency first announced 1/31/20, then renewed 4/21/20. Current extension period set to expire 7/25/20
- ❖ HHS spokesperson Michael Caputo tweeted 6/29/20 the agency **plans to extend** the emergency for 90 days before the current order expires on 7/25
- ❖ Many helpful healthcare policies are planned to continue including:
  - Medicare inpatient 20% add-on payment for COVID-19 patients
  - Increased federal Medicaid matching rates
  - Requirements that insurers cover COVID-19 testing without cost-sharing
  - Waivers of telehealth restrictions
- ❖ Detailed information: [COVID-19 Emergency Declaration Blanket Waivers and Flexibilities for Health Care Providers \(6/25/20\)](#)



# CME Accreditation and Designation

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- ❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.
- ❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at [fberry@medchi.org](mailto:fberry@medchi.org)

# CME Disclosures and Evaluation

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- ❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.
- ❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.
- ❖ Please complete an evaluation at: [COVID-19 Update Evaluation](#)

# Announcements

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- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Future Webinars
  - **Beginning in July – Wednesdays only - alternating between Behavioral Health and Minority Health guest speakers**
- ❖ Remember to ensure children receive vaccinations on schedule!
- ❖ Today – No guest speaker - Enjoy the summer evening

# Questions and Answers

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Please type into the Questions box on the right side of your screen.



# Appendix

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## Resources and Links

# Scheduling In-Office Appointments

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- ❖ Patient calls in for an appointment
  - Reception screens patient on the phone using the [pre-visit screening template](#)
  - Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
  - Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits
- ❖ Check In
  - Practice remote check in and limited front-desk contact
  - Consider using a triage zone outside of office or main area;
  - Or use a barrier at the front desk
  - Design your office to accommodate patients who come in specifically for COVID testing and triage, separate from patients who arrive for non-COVID related and elective procedures
    - Ensure patients and staff do not cross between COVID and non-COVID areas
    - Set aside a specific area for patients who come in for testing to wait and be triaged



# Scheduling In-Office Appointments

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- ❖ Checking out
  - Practice remote check out, limit front desk exposure;
  - Or use a barrier at the front desk
- ❖ If patient is paying co-pays, etc., set up credit card reader outside of the barrier

# Governor Hogan Directive – Elective & Non-Urgent Medical Procedures may resume May 7, 2020

These measures must be in effect:

1. Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate
2. Facilities and providers must have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
  - i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
  - ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
  - iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests
3. **Social distancing must be maintained in all waiting areas**
4. **All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.**
5. **All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>**
  - i. **All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields**
  - ii. **Patients should wear a face covering whenever possible**
6. **Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments**

# Maryland Companies Producing Personal Protective Equipment in Response to COVID-19

Grant Recipient	County	Typical Production	COVID-19 Production
<a href="#">Awesome Ninja Labs</a>	Baltimore City	Medical devices	Face shields
<a href="#">CoastTec</a>	Carroll	Battery back-ups for computers	Battery packs for Vyaire ventilators
<a href="#">CR Daniels</a>	Howard	Textile, plastics, and metal manufacturing	Face masks and gowns
<a href="#">DiPole Materials</a>	Baltimore City	Custom nanofiber manufacturing	Filters for medical masks and respirators
<a href="#">DVF Corporation</a>	Washington	Metal and plastic fabrications	Plastic components of respirators
<a href="#">Fashions Unlimited</a>	Baltimore City	Apparel manufacturing	Surgical masks and protective gowns
<a href="#">Fabrication Events</a>	Howard	Special event decor	Face masks, head coverings, and other PPE
<a href="#">Harbor Designs</a>	Baltimore City	Manufacturing design and engineering	Ventilators
<a href="#">Hardwire, LLC</a>	Worcester	Bulletproof body armor and equipment for law enforcement and the military	Face shields
<a href="#">K&amp;W Finishing</a>	Baltimore City	Traditional die cutting, coating, and other bindery services	Face shields

Grant Recipient	County	Typical Production	COVID-19 Production
<a href="#">Key Technologies</a>	Baltimore City	Medical devices	Blower units for positive air pressure respirators
<a href="#">LAI International</a>	Carroll	Components for aerospace and defense, medical devices and infrastructure systems	Face shields
<a href="#">Manta BioFuels</a>	Baltimore County	Energy technology	Face shields
<a href="#">Marty's Bag Works</a>	Anne Arundel	Canvas boating products, cushions, laser printing, and bags	Surgical masks, face shields, and lightweight gowns
<a href="#">Nations Photo Lab</a>	Baltimore County	Full-service photo printing	Face shields
<a href="#">NRL &amp; Associates</a>	Queen Anne's	Ultra-precision machining, fabrication, and assembly	Ventilators
<a href="#">Potomac Photonics</a>	Baltimore County	Biotech and medical devices	PPE visors
<a href="#">Rankin Upholstery</a>	Montgomery	Auto, marine, aircraft and custom upholstery	Masks, gowns, and other PPE
<a href="#">Strouse</a>	Carroll	Adhesive solutions	N-95 masks
<a href="#">X-Laser</a>	Howard	Laser light show systems	Face shields

# Personal Protective Equipment (PPE) Sources and Requests

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- ❖ Routed through Local Health Departments
- ❖ Priority as previously stated - may change over time
- ❖ Maryland PPE Manufacturers List – next slide
- ❖ [National and International PPE Supplier List](#)
- ❖ [PPE request forms and local contacts](#)

# State Launches Maryland PPE Network Supplier Portal

- ❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery
- ❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](#), an online platform that helps connect Maryland suppliers with buyers in need of critical resources
- ❖ Large daily deliveries come into the state's warehouses
- ❖ For additional business resources during COVID-19, visit [businessexpress.maryland.gov/coronavirus](https://businessexpress.maryland.gov/coronavirus)

# Help your patients get health coverage

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Maryland Health Connection, the state's health insurance marketplace, has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19.

## ❖ How to enroll

- Enroll online at [MarylandHealthConnection.gov](https://MarylandHealthConnection.gov)
- Call 1-855-642-8572. Deaf and hard of hearing use Relay service. Help is available in 200 languages.
- Download the free “Enroll MHC” mobile app to enroll on a phone/tablet.
- Navigators throughout the state can answer questions and enroll consumers by phone.

# Considerations when Reusing N95 Respirators (CDC)

- There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases.
- Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time.
- Manufacturers of N95 respirators may have specific guidance regarding reuse of their product.
- CDC guidelines advise to discard N95 respirators before they become a significant risk for contact transmission or their functionality is reduced
  - Administrative controls (e.g. staff training, reminders, and posters)
    - Minimize unnecessary contact with the respirator surface
    - Strict adherence to hand hygiene practices
    - Proper PPE donning and doffing technique, including physical inspection and performing a user seal check
  - Engineering controls (e.g. use of barriers to prevent droplet spray contamination)

[Source](#)

# CDC Guidelines - N95 Respirators and Infection Control

- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Follow the manufacturer's user instructions, including conducting a user seal check.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed.



# CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only be used by a single wearer (Label N95 respirator on the straps with person's name)
- Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses.
  - To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified (including date).
  - Storage containers should be disposed of or cleaned regularly.
- Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.

# CDC Guidelines - When to Discard N95 Respirators

- Discard N95 respirators following use during aerosol generating procedures
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions

# COVID-19 Testing Site Information

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- ❖ Patients require a provider order for referral to testing sites
- ❖ Providers contact your local hospital or use the link below
- ❖ Sites are subject to host location restrictions and availability
- ❖ MD is also piloting drive-thru testing at several Vehicle Emissions Inspections Program (VEIP) locations – [FAQs available here](#).
- ❖ Current list of testing sites, please click [here](#)

# CDC Guidelines for COVID Patient Management

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- ❖ Healthy people can be monitored, self-isolated at home
- ❖ People at higher risk should contact healthcare providers early, even if illness is mild
- ❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact
- ❖ Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease
- ❖ **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

# Billing for End-of-Life Planning

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- ❖ Billable event with AWW or Separate Encounter
- ❖ 99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- ❖ 99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

# Support for Patients at Home

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## ❖ Food

- Meals on Wheels

## ❖ Caregivers

- Visiting nurses and caregivers

## ❖ Emotional support

- Support from family
- Phone calls and videochat to fight loneliness
- MD Department of Aging [Senior Call Check Program](#)

# Caregiver Services Corps (CSC)



- ❖ **OPEN for primary care providers STATEWIDE!**
- ❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers for urgent and temporary assistance to people over 65 years old in their homes to help with:
  - Self-administration of medications
  - Ambulation and transferring
  - Bathing and completing personal hygiene routines
  - Meal preparation and arranging for delivery of groceries and/or prepared meals
  - Teaching how to use video technologies to connect with loved ones and/or healthcare providers
- ❖ Healthcare providers should alert their patients they are being referred
- ❖ **Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need**

# Hospital Surge Preparedness

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- ❖ Convention Center needs medical staff – Visit <https://www.linkedin.com/jobs/view/1788387174>
  - ❖ Tents and Modular Units - including ICUs
  - ❖ Expansion within facilities
  - ❖ Professional student staffing
- |
- ❖ Employment opportunities for healthcare professional and support staff:  
[www.MarylandMedNow.com](http://www.MarylandMedNow.com)



# Opportunities to Volunteer and Serve

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- ❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)

- <https://mdresponds.health.maryland.gov/>

- Complete [Road to Readiness](#)

# Staying Current - Sources

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- ❖ [CDC](#)
- ❖ [MDH COVID-19 information page](#)
- ❖ [MDPCP COVID-19 webpage](#)
- ❖ Local Health Departments
- ❖ [CONNECT](#)
- ❖ Clinician Letters
- ❖ Multiple Resource Links in Appendix

# MedChi/CareFirst/Backline Grant

CareFirst BlueCross BlueShield (CareFirst) and the Maryland State Medical Society (MedChi) launched a grant program that will equip additional Maryland physicians with the technology they need to provide needed virtual care during the COVID-19 pandemic and beyond

## Eligibility Requirements

- The medical practice and medical license are in Maryland
- The medical practice is a private, independent group of five or fewer physicians
- The practice enrolls in Backline after March 1, 2020 as the result of the COVID-19 crisis
- MedChi has confirmed the practice's enrollment with DrFirst
- Enrollment in Backline occurs before December 31, 2020

## Application Steps

Can be completed in less than 5 minutes

- Complete the application linked [here](#)
- Email completed application to [amullin@medchi.org](mailto:amullin@medchi.org)
- For questions, email or call Andrea Mullin at [amullin@medchi.org](mailto:amullin@medchi.org) or 800-492-1056 x3340

## Grant Amount

\$300 per eligible physician



# Federal Emergency Funds for Small Business

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- ❖ [Disaster Loan Assistance](#) (from Small Business Administration)
  - Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
  - [FAQs](#)
- ❖ [CARES Act](#) (pending federal legislation)
  - Sets up a \$350 billion loan program for small businesses
  - Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
  - Maximum loan amount is \$10 million
  - Loans can cover payroll, rent, utilities, or existing debt obligations
  - Interest rates cannot exceed 4%
  - If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
  - Loans will be available through the [Small Business Administration](#) and Treasury-approved banks, credit unions, and some nonbank lenders

# State Emergency Funds for Small Business

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- ❖ [COVID-19 Layoff Aversion Fund](#) (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)
  - Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs
  - Award of up to \$50,000 per applicant
  - Will be quick deployable benefit and customizable to specific business needs
- ❖ [View the One-Pager](#)
- ❖ [COVID-19 Layoff Aversion Fund Policy](#)
- ❖ [COVID-19 Layoff Aversion Fund Application](#) (Excel)
- ❖ Submit your completed application to: [LaborCOVID19.layoffaversion@maryland.gov](mailto:LaborCOVID19.layoffaversion@maryland.gov).

# Food Resources

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❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:

➤ [Maryland Summer Meals](#)

➤ [Montgomery County](#)

➤ [Prince Georges County](#)

➤ [Charles County](#)

➤ [Frederick County](#)

[Howard County](#)

[Anne Arundel County](#)

[St. Mary's County](#)

[Harford County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time

# Resources for Specific Groups

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- ❖ Community- and Faith-Based Organizations  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups  
(<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)

# Resources and References

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- ❖ Maryland Department of Health Coronavirus Website (<https://coronavirus.maryland.gov>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)
- ❖ CDC National data on COVID-19 infection and mortality (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)
- ❖ CDC Interim Guidance for Homes and Communities (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>)
- ❖ CDC Interim Guidance for Businesses (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>)
- ❖ CDC Interim Guidance for Childcare and Schools (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>)
- ❖ CDC Travel Website (<https://wwwnc.cdc.gov/travel/>)



# State Emergency Funds for Small Business

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- ❖ [Maryland Small Business COVID-19 Emergency Relief Loan Fund](#)
  - \$75 million loan fund (to be paid to for-profit business only)
  - Loans are up to \$50,000
  - No interest or principal payments due for the first 12 months
  - Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum
- ❖ [Maryland Small Business COVID-19 Emergency Relief Grant Fund](#)
  - \$50 million grant program for businesses and non-profits
  - Grant amounts of up to \$10,000
  - Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020
- ❖ [Emergency Relief Fund FAQ](#)
- ❖ Questions or concerns  
email [fpaaworkflowcoordinator.commerce@maryland.gov](mailto:fpaaworkflowcoordinator.commerce@maryland.gov).