COVID-19 Update for Ambulatory Providers and Staff

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

2 September 2020
The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.

~ Martin Luther King
Agenda

❖ Maryland Morbidity and Mortality Data
❖ National Status and Projections
❖ Vaccine Development Update
❖ Testing Update
❖ Contact Tracing Updates
❖ CDC Updates
❖ MDH Secretary Orders
❖ Covid Tip Line
❖ Provider Relief Fund- extended deadline
❖ SUD deaths continue
❖ The Five Things to Do as Primary Care Providers
❖ Guest Speaker – Brenda Jones-Harden, PhD, MSW
❖ Q & A
❖ Resources Appendix
## Morbidity and Mortality Update

<table>
<thead>
<tr>
<th>Cases</th>
<th>United States</th>
<th>Maryland</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Daily Cases (7-day rolling average)</td>
<td>41,492</td>
<td>511</td>
</tr>
<tr>
<td>Cumulative Cases</td>
<td>6.0 million+</td>
<td>108,863</td>
</tr>
<tr>
<td>Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Daily Deaths (7-day rolling average)</td>
<td>897</td>
<td>9</td>
</tr>
<tr>
<td>Cumulative Deaths</td>
<td>183,474</td>
<td>3,617</td>
</tr>
</tbody>
</table>

Source: MDH, CDC, New York Times
# Maryland Testing and Positivity by County

<table>
<thead>
<tr>
<th>State and Jurisdiction</th>
<th>Positives</th>
<th>Total Pop Tested</th>
<th>% Pop Tested</th>
<th>Daily Testing Volume</th>
<th>Total Testing Volume</th>
<th>7-day Positivity %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
<td>108,863</td>
<td>1,338,917</td>
<td>22.20%</td>
<td>13,654</td>
<td>1,952,501</td>
<td>3.40%</td>
</tr>
<tr>
<td>Allegany County</td>
<td>395</td>
<td>17,818</td>
<td>25.10%</td>
<td>69</td>
<td>25,965</td>
<td>2.20%</td>
</tr>
<tr>
<td>Anne Arundel County</td>
<td>8,400</td>
<td>115,543</td>
<td>20.10%</td>
<td>1,301</td>
<td>160,460</td>
<td>3.30%</td>
</tr>
<tr>
<td>Baltimore County</td>
<td>15,593</td>
<td>193,824</td>
<td>23.40%</td>
<td>1,726</td>
<td>292,510</td>
<td>4.60%</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>14,535</td>
<td>165,910</td>
<td>27.50%</td>
<td>1,626</td>
<td>247,678</td>
<td>3.20%</td>
</tr>
<tr>
<td>Calvert County</td>
<td>791</td>
<td>13,913</td>
<td>15.10%</td>
<td>104</td>
<td>18,668</td>
<td>2.20%</td>
</tr>
<tr>
<td>Caroline County</td>
<td>513</td>
<td>7,286</td>
<td>21.90%</td>
<td>52</td>
<td>10,066</td>
<td>5.10%</td>
</tr>
<tr>
<td>Carroll County</td>
<td>1,700</td>
<td>33,434</td>
<td>19.90%</td>
<td>280</td>
<td>48,857</td>
<td>1.80%</td>
</tr>
<tr>
<td>Cecil County</td>
<td>795</td>
<td>14,999</td>
<td>14.60%</td>
<td>236</td>
<td>21,005</td>
<td>2.00%</td>
</tr>
<tr>
<td>Charles County</td>
<td>2,403</td>
<td>29,262</td>
<td>18.10%</td>
<td>286</td>
<td>41,514</td>
<td>4.30%</td>
</tr>
<tr>
<td>Dorchester County</td>
<td>462</td>
<td>9,316</td>
<td>29.10%</td>
<td>70</td>
<td>13,456</td>
<td>3.70%</td>
</tr>
<tr>
<td>Frederick County</td>
<td>3,505</td>
<td>60,815</td>
<td>23.80%</td>
<td>735</td>
<td>87,831</td>
<td>2.50%</td>
</tr>
<tr>
<td>Garrett County</td>
<td>63</td>
<td>4,439</td>
<td>15.20%</td>
<td>8</td>
<td>8,368</td>
<td>0.50%</td>
</tr>
<tr>
<td>Harford County</td>
<td>2,500</td>
<td>45,613</td>
<td>18.00%</td>
<td>385</td>
<td>64,310</td>
<td>3.70%</td>
</tr>
<tr>
<td>Howard County</td>
<td>4,415</td>
<td>72,864</td>
<td>22.50%</td>
<td>998</td>
<td>100,585</td>
<td>2.40%</td>
</tr>
<tr>
<td>Kent County</td>
<td>264</td>
<td>5,479</td>
<td>28.20%</td>
<td>28</td>
<td>8,141</td>
<td>2.50%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>20,103</td>
<td>230,295</td>
<td>21.90%</td>
<td>2,598</td>
<td>323,149</td>
<td>2.60%</td>
</tr>
<tr>
<td>Prince George's County</td>
<td>26,356</td>
<td>195,028</td>
<td>21.40%</td>
<td>2,332</td>
<td>270,354</td>
<td>4.50%</td>
</tr>
<tr>
<td>Queen Anne's County</td>
<td>556</td>
<td>9,974</td>
<td>19.80%</td>
<td>86</td>
<td>13,390</td>
<td>3.90%</td>
</tr>
<tr>
<td>Somerset County</td>
<td>196</td>
<td>8,084</td>
<td>31.50%</td>
<td>14</td>
<td>10,907</td>
<td>1.70%</td>
</tr>
<tr>
<td>St. Mary's County</td>
<td>1,121</td>
<td>19,893</td>
<td>17.70%</td>
<td>100</td>
<td>31,719</td>
<td>1.60%</td>
</tr>
<tr>
<td>Talbot County</td>
<td>473</td>
<td>10,036</td>
<td>27.10%</td>
<td>73</td>
<td>13,914</td>
<td>1.90%</td>
</tr>
<tr>
<td>Washington County</td>
<td>1,321</td>
<td>38,514</td>
<td>25.50%</td>
<td>270</td>
<td>56,904</td>
<td>2.40%</td>
</tr>
<tr>
<td>Wicomico County</td>
<td>1,568</td>
<td>24,018</td>
<td>23.30%</td>
<td>150</td>
<td>35,235</td>
<td>4.80%</td>
</tr>
<tr>
<td>Worcester County</td>
<td>835</td>
<td>12,560</td>
<td>24.20%</td>
<td>57</td>
<td>16,134</td>
<td>6.90%</td>
</tr>
</tbody>
</table>

Source: MDH; Johns Hopkins

USA

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<thead>
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<th>Daily Testing Volume</th>
<th>7-day Positivity %</th>
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<tr>
<td>685,072</td>
<td>5.7%</td>
</tr>
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</table>
Maryland Daily Positivity Rate

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

Source: MDH

Updated 9/1
COVID-19 Outbreak US Hotspots

Source: New York Times
Global Pandemic Hotspots

Source: New York Times

Updated 9/1
Vaccine Development Update
Covid vaccine distribution

“At first, there will likely be a limited supply of one or more of the Covid-19 vaccines, because limited doses will be available. It’s important that the early vaccines are distributed in a fair, ethical and transparent way.” - Dr. Robert Redfield, CDC Director

❖ Vaccine manufacturers are scaling up production before vaccines are authorized by the FDA so distribution can happen quickly if/when authorized

❖ Leading vaccine candidates all need to be stored at sub-zero temperatures

❖ Many leading vaccine candidates require two doses over time, some require one dose only
  ➢ Will need to keep track of which vaccine a person has received for the second dose

❖ Vaccine supply chain (needles, syringes, etc) also needs to be able to handle volume

Source: https://www.cnbc.com/2020/08/28/cdc-director-says-there-will-likely-be-a-limited-supply-of-coronavirus-vaccines.html; Axios/KFF column
As flu season approaches, flu vaccines will be especially important this year:
- Keeps people out of the hospital, ED, and ICU
- Respiratory illness like the flu can be mistaken for COVID-19, can strain testing capacity

**CDC guidance on flu vaccines during COVID**
- Flu vaccine recommended for all >6 months old without contraindications, emphasis on high risk groups
- Timing: Aim for September – October
- [Patient FAQ Link](#)

The good news: COVID-19 precautions (distancing, hand hygiene, masks) also prevent spread of the flu

**Flu vaccines are more critical this year. Encourage your patients to get a flu vaccine.**

Testing Update
Testing Marylanders in Primary Care

- Testing in offices serves patients and normalizes the process
- Testing or referring patients for testing is key to keep the State safe
- Testing in office or sending patients for a test at another site
- Specimen collection continues to evolve from nasopharyngeal sampling to the current simplified nasal sampling
- Testing will continue to evolve with Point of Care tests and saliva tests
State of Maryland requires all laboratories to submit all COVID-19 positive and negative test results for any Maryland resident.

CRISP refreshes the data daily overnight. Report totals may differ from Maryland Department of Health figures. The figures may include some non-Maryland residents. This information is intended to assist Maryland health care providers and public health leaders in understanding the progression and direction of COVID-19 testing. The data are unverified and not publicly available. Any indicator of a pending test period is an approximation by CRISP based on review of the NEDSS data.
Point of Care Testing

❖ Any healthcare provider or healthcare facility, subject to the following terms and conditions, may perform COVID-19 point of care (POC) test analysis pursuant to Executive Order 20-03-23-02 (initiating a process for authorization of laboratories in Maryland to develop and perform COVID-19 testing).

❖ Testing takes 15 minutes
❖ May require (reflex) RT-PCR test
❖ Test results must be reported through CRISP [https://ulp.crisphealth.org/].
New CDC Guidance on Rapid Antigen Tests

- Must be Clinical Laboratory Improvement Amendments (CLIA) certified to perform diagnostic testing
- Sensitivity/specificity of FDA-approved rapid tests vary - check your specific test
- You must report results to local health department

<table>
<thead>
<tr>
<th></th>
<th>RT-PCR Tests</th>
<th>Antigen Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intended Use</td>
<td>Detect current infection</td>
<td>Detect current infection</td>
</tr>
<tr>
<td>Analyte Detected</td>
<td>Viral RNA</td>
<td>Viral Antigens</td>
</tr>
<tr>
<td>Specimen Type(s)</td>
<td>Nasal Swab, Sputum, Saliva</td>
<td>Nasal Swab</td>
</tr>
<tr>
<td>Sensitivity</td>
<td>High</td>
<td>Moderate</td>
</tr>
<tr>
<td>Specificity</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Test Complexity</td>
<td>Varies</td>
<td>Relatively easy to use</td>
</tr>
<tr>
<td>Authorized for Use at the Point-of-Care</td>
<td>Most devices are not, some devices are</td>
<td>Yes</td>
</tr>
<tr>
<td>Turnaround Time</td>
<td>Ranges from 15 minutes to &gt;2 days</td>
<td>Approximately 15 minutes</td>
</tr>
<tr>
<td>Cost/Test</td>
<td>Moderate</td>
<td>Low</td>
</tr>
</tbody>
</table>
CDC/FDA Updates
Release from Isolation

❖ **Duration of isolation and precautions**

- For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*\(^1\) and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA*.

❖ **Role of PCR testing\(^2\) to discontinue isolation or precautions**

- Is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.

❖ **Role of serologic testing**

- Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.
Testing Asymptomatic Patients

❖ Maryland Department of Health continues to endorse testing asymptomatic individuals

❖ Testing a patient who has been identified as a contact to a known Covid+ person through contact tracing does not demand, nor exclude that person from testing

❖ The contact will be instructed to self isolate for 14 days from the last contact, independent of test results
COVID-19 Comorbidities

❖ CDC report shows 6% of COVID-19 deaths with no comorbidities
❖ This does not mean that COVID-19 is not as dangerous as previously thought
  ➢ COVID-19 was the underlying cause of death in most cases
  ➢ Comorbidities are known to make COVID-19 more severe

Comorbidities

Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death. The number of deaths with each condition or cause is shown for all deaths and by age groups. For data on comorbidities, [Click here to download].

Table 3. Conditions contributing to deaths involving coronavirus disease 2019 (COVID-19), by age group, United States. Week ending 2/1/2020 to 8/22/2020.*

Source: [https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q](https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q); [https://www.axios.com/cdc-covid-deaths-contributing-health-conditions-3315196c-986f-4ae3-ba35-2075fd64bce1.html](https://www.axios.com/cdc-covid-deaths-contributing-health-conditions-3315196c-986f-4ae3-ba35-2075fd64bce1.html)
COVID-19 Update: FDA Broadens Emergency Use Authorization for Veklury (remdesivir) to Include All Hospitalized Patients for Treatment of COVID-19

- FDA has broadened the emergency use authorization of remdesivir.
- Now includes treatment of all hospitalized adult and pediatric patients with suspected or laboratory-confirmed COVID-19, irrespective of their severity of disease.

Convalescent plasma FDA EUA

FDA Issues Emergency Use Authorization for Convalescent Plasma as Potential Promising COVID-19 Treatment, Another Achievement in Administration’s Fight Against Pandemic

❖ Not currently considered standard of care
❖ Ongoing studies
   ➢ Preprint study suggests death rate of 11.9% for patients transfused 4+ days after diagnosis vs. 8.7% for patients transfused within 3 days of diagnosis
   ➢ Potential 3-5 percentage point increase, not 35%

Facemasks – Required and Essential

- Retail Establishments
- Public Transportation
- Food Service Facilities
- Alcohol Manufacturer/Sales - Outdoor Dining
- Personal Services (Salons, Tanning, Tattoos, Massage Parlors)
- Indoor & Outdoor Sport Activities (when feasible)
- Youth Camps (when feasible)
- Swimming Pools (when possible)
Maryland Updates

DEPARTMENT OF HEALTH
Phase 3

❖ Governor Hogan announced the beginning of Maryland’s Phase 3 on September 1
❖ Additional gradual reopenings include (with limited capacity):
  ➢ Indoor theaters
  ➢ Outdoor performance venues
  ➢ Increased capacity for retail and religious facilities

❖ Face coverings and social distancing still required indoors
❖ Local jurisdictions can still implement more restrictive requirements if applicable
Schools Re-Opening Guidance

❖ New benchmarks to guide school re-opening:
  ➢ local positivity rate under 5%
  ➢ new case rate less than 15 per 100,000 people.

❖ Local school systems and jurisdictions ultimately have authority to decide on school re-opening plans

❖ MDH Guidance for Maryland Schools link

Other Updates
Risk of SARS-CoV-2 transmission from asymptomatic people in different settings and for different occupation times, venting, and crowding levels (ignoring variation in susceptibility and viral shedding rates)

Source: https://www.bmj.com/content/370/bmj.m3223

Importance of face coverings

<table>
<thead>
<tr>
<th>Risk of transmission</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wearing face coverings, contact for short time</strong></td>
<td><img src="https://www.bmj.com/content/370/bmj.m3223" alt="Diagram" /></td>
<td><img src="https://www.bmj.com/content/370/bmj.m3223" alt="Diagram" /></td>
<td><img src="https://www.bmj.com/content/370/bmj.m3223" alt="Diagram" /></td>
</tr>
<tr>
<td>Silent</td>
<td><img src="https://www.bmj.com/content/370/bmj.m3223" alt="Diagram" /></td>
<td><img src="https://www.bmj.com/content/370/bmj.m3223" alt="Diagram" /></td>
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<tr>
<td>Speaking</td>
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</tr>
<tr>
<td>Shouting, singing</td>
<td><img src="https://www.bmj.com/content/370/bmj.m3223" alt="Diagram" /></td>
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<td><img src="https://www.bmj.com/content/370/bmj.m3223" alt="Diagram" /></td>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>No face coverings, contact for short time</strong></td>
<td><img src="https://www.bmj.com/content/370/bmj.m3223" alt="Diagram" /></td>
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</table>

* Borderline case that is highly dependent on quantitative definitions of distancing, number of individuals, and time of exposure.
CDC Mask Guidance

DO choose masks that

- Have two or more layers of washable, breathable fabric
- Completely cover your nose and mouth
- Fit snugly against the sides of your face and don’t have gaps

DO NOT choose masks that

- Are made of fabric that makes it hard to breathe, for example, vinyl
- Have exhalation valves or vents, which allow virus particles to escape
- Are intended for healthcare workers, including N95 respirators or surgical masks

Caution: Gaiters & Face Shields

Evaluation is on-going but effectiveness is unknown at this time

Special Situations: Children

- If you are able, find a mask that is made for children
- If you can’t find a mask made for children, check to be sure the mask fits snugly over the nose and mouth and under the chin

Special Situations: Glasses

- If you wear glasses, find a mask that fits closely over your nose or one that has a nose wire to limit fogging
- Do NOT put on children younger than 2 years old

- Masks recommended when in public settings
- Exceptions include young children, individuals with trouble breathing
- Masks with exhalation valves or vents not recommended
- Face shields as a substitute for masks not recommended

Provider Relief Fund - Extended

❖ CARES Act funding for healthcare-related expenses or lost revenue due to COVID-19. Payments do not need to be re-paid if complying with terms and conditions
❖ Primary care practices providing care for Medicare FFS patients are eligible

The application deadline for Phase 2 General Distribution funding is **September 13, 2020**

6 actions for providers interested in receiving Phase 2 General Distribution funding

Pre-payment process
1. Determine eligibility
2. Validate Tax ID Number (TIN)
3. Apply for funding

Post-payment process
4. Receive payment
5. Attest to payment
6. Report on use of funds

Substance Use Disorders & COVID-19

Figure 1. **Total Number of Unintentional Intoxication Deaths Occurring in Maryland from January-March of Each Year.**

- Data suggests drug overdoses rising by 18% during pandemic
- Drug overdose deaths also increasing
- **9/30 webinar guest speaker:** Anika Alvanzo on COVID-19 impact on overdoses and opioid use disorders

*2019, 2020 counts are preliminary.

SBIRT Grant from OOCC

❖ One year
❖ Implementation of SBIRT in Primary Care Practices
❖ For information contact - Erin Cosgrove at ecosgrove@groupmosaic.com
Maryland’s Innovative Primary Care Program: Building a Foundation for Health and Well-Being

Maryland’s Primary Care Program Helps Practices Pivot During COVID-19

Links: Maryland's Innovative Primary Care Program; COVID-19
Project ECHO HCV Curriculum

❖ Training opportunity with MedStar: Preparing Primary Care Champions to Identify and Treat HCV: An ECHO Initiative

❖ To register, contact Melissa Eckroade, ECHO Program Coordinator, via email at MIQS-ProjectECHO@medstar.net

❖ For more information, visit Project ECHO Web Portal

Next Session:
Tuesday, September 29, 2020
12:00 PM - 1:00 PM ET

Topic:
Liver Disease in the Primary Care Setting: Hepatitis, COVID, and Critical Lessons for the Future

Expert Presenter:
Paul Kwo, MD

Professor of Medicine

Director of Hepatology

Stanford University
Five things you can do as Primary Care providers

1. **Identify all your high-risk patients**—use the COVID Vulnerability Index (CVI) in CRISP, your EHR, and your intuition

2. **Reach out to every patient on those lists**

3. **Provide vulnerable patients with expanded care** through telemedicine and special accommodations if they need face-to-face care

4. **Offer testing for all patients, every visit**

5. **Stay current, stay safe**—stay current by keeping up-to-date with CDC guidelines and case rates in your area. For up-to-date information, visit CDC, MDH, and MDPCP sites. Stay safe by taking all necessary infection control precautions when seeing patients
CME Accreditation and Designation

❖ 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
CME Disclosures and Evaluation

❖ 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

❖ Learn from our Frequently Asked Questions page

❖ Future Webinars
  ➢ Today - Brenda Jones Harden, PhD, MSW
    *Helping Families Manage Stress During COVID-19*
    Alison Richman Professor of Children and Families, University of Maryland School of Social Work
  ➢ Next Week - Maunank Shah, MD, PhD
    *Tuberculosis in the era of COVID-19*
    Center for TB Control and Prevention Outreach Consultant, Assistant Professor, Division of Infectious Diseases, Johns Hopkins University
Helping Families Manage Stress During COVID-19

Brenda Jones-Harden, PhD, MSW
Helping Families Manage Stress During COVID-19
Toxic Stress

CONDITIONS for TOXIC STRESS

- short-term, low-impact
- chronic, high-impact

- POSITIVE STRESS
- TOLERABLE STRESS
- TOXIC STRESS
Toxic Stress (Shonkoff et al., 2009)

- Strong, frequent, prolonged activation of the body’s stress-response system in the absence of stable adult support
- Early exposure to risks
  - ACES²: Adverse Childhood and Community Experiences (including poverty, family risks, violence)
  - COVID-19
- Root of adult physical/mental health disparities
- Linked to adverse outcomes
  - Lower thresholds for responsiveness to stress
  - Disrupted brain architecture and functioning
  - Effects on other organ systems
    - Premature/Low Birth Weight African American infants
    - High rates of asthma among children from low SES backgrounds
- Physical health, cognitive/academic, & mental health challenges
FAMILIES AND COVID-19

• Children’s physical health
  – physically less active
  – much longer screen time
  – irregular sleep patterns
  – less favorable diets
  – weight gain and loss of cardiorespiratory fitness
  – Negative effects on health exacerbated by home confinement without outdoor activities and peer interaction
FAMILIES AND COVID-19

• Psychological impact on children
  – Psychological Stressors
    • prolonged duration
    • fears of infection
    • frustration and boredom
    • inadequate information
    • lack of in-person contact with classmates, friends, teachers
    • lack of personal space at home
    • family financial loss
  – Post-traumatic stress scores were four times higher in children quarantined than in those not quarantined
FAMILIES AND COVID-19

• Increase in family conflict
  – Intimate Partner Violence
  – Child maltreatment
  – No respite from children

• Parental mental health
  – Depression, anxiety
  – Substance use

• Work-related issues
  – Unemployment
  – Essential work
    • Non-traditional hours
    • Exposure to COVID
DISPARITIES AND COVID-19

• African Americans & low SES individuals more likely to be hospitalized and die (CDC, 2020; Raifman & Raifman, 2020)

• Socioeconomic disparities in the functioning of families of young children (Fisher & Tyson, 2020)
  – Higher rates of social-emotional challenges for low-income parents and children
  – Decreased income, increased financial difficulties, and greater material hardship for low-income families
  – Lower levels of social support and child care supports for low-income families
SAFETY NET FOR FAMILIES
Devising Child Activities

• Innovative virtual learning experiences for children
• Developmentally-appropriate explanation of COVID
• Activities re: proper hygiene/health
  – drawings re: health routines
  – song for length needed to wash hands like the A-B-C or Happy Birthday song
  – household jobs or activities
  – videos promoting physical activity, balanced diet, regular sleep pattern, and good person hygiene
  – praise and encouragement for engaging in household jobs and good hygiene
SAFETY NET FOR FAMILIES
Promoting Positive Parenting

- Exercise even more patience & tolerance
- Communicate often and openly
- Be responsive to feelings and needs
- Provide reassurance (verbal & physical)
- Encourage expression through play, reenactment, story-telling
- Allow short-term changes in sleep arrangements
- Plan calming, comforting activities before bedtime
- Maintain regular family routines
- Avoid media exposure
SAFETY NET FOR FAMILIES
Supporting Family Well-Being

• Emphasize temporary nature of pandemic
• Keep consistent family schedule (e.g., bedtime, meals)
• Give extra time to doing things that have helped family feel better in other stressful situations
  – reading
  – watching movies
  – listening to music and dancing
  – playing games
  – exercising
  – engaging in virtual religious activities
• Recognize that certain feelings are normal (e.g., loneliness, boredom, fear, anxiety, stress, panic)
• Help family engage in fun, meaningful activities consistent with your family and cultural values
SAFETY NET FOR FAMILIES
Supporting Family Well-Being

• Modify your daily activities to meet the current reality of the situation
• Focus on what you can accomplish and forgive yourself for what you cannot
• Shift expectations/priorities to focus on what gives you meaning, purpose, or fulfillment
• Give yourself small breaks from the stress of the situation
• Attempt to control self-defeating statements and replace them with more helpful thoughts
• Be role model for children re: how to manage worries

Find ways to provide family support in case of illness or death
    – Reach out regularly (virtual, contactless) to your friends and family to talk about feelings
    – Find ways to honor the death of your loved one
    – Seek religious/spiritual help or on-line professional counseling for support
SAFETY NET FOR FAMILIES
Providing Concrete Supports

• Contactless drop-off of food, diapers, cleaning/medical supplies

• Technology
  – Telehealth visits for behavioral and mental health

• Information re: community resources (food banks, diaper banks, etc.) and income supports
Thank you!
Appendix

Resources and Links
Scheduling In-Office Appointments

❖ 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

❖ 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

<table>
<thead>
<tr>
<th>Grant Recipient</th>
<th>County</th>
<th>Typical Production</th>
<th>COVID-19 Production</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awesome Ninja Labs</td>
<td>Baltimore City</td>
<td>Medical devices</td>
<td>Face shields</td>
</tr>
<tr>
<td>CoastTec</td>
<td>Carroll</td>
<td>Battery back-ups for computers</td>
<td>Battery packs for Vyaire ventilators</td>
</tr>
<tr>
<td>CR Daniels</td>
<td>Howard</td>
<td>Textile, plastics, and metal manufacturing</td>
<td>Face masks and gowns</td>
</tr>
<tr>
<td>DiPole Materials</td>
<td>Baltimore City</td>
<td>Custom nanofiber manufacturing</td>
<td>Filters for medical masks and respirators</td>
</tr>
<tr>
<td>DVF Corporation</td>
<td>Washington</td>
<td>Metal and plastic fabrications</td>
<td>Plastic components of respirators</td>
</tr>
<tr>
<td>Fashions Unlimited</td>
<td>Baltimore City</td>
<td>Apparel manufacturing</td>
<td>Surgical masks and protective gowns</td>
</tr>
<tr>
<td>Fabrication Events</td>
<td>Howard</td>
<td>Special event decor</td>
<td>Face masks, head coverings, and other PPE</td>
</tr>
<tr>
<td>Harbor Designs</td>
<td>Baltimore City</td>
<td>Manufacturing design and engineering</td>
<td>Ventilators</td>
</tr>
<tr>
<td>Hardwire, LLC</td>
<td>Worcester</td>
<td>Bulletproof body armor and equipment for law enforcement and the military</td>
<td>Face shields</td>
</tr>
<tr>
<td>K&amp;W Finishing</td>
<td>Baltimore City</td>
<td>Traditional die cutting, coating, and other bindery services</td>
<td>Face shields</td>
</tr>
<tr>
<td>Key Technologies</td>
<td>Baltimore City</td>
<td>Medical devices</td>
<td>Blower units for positive air pressure respirators</td>
</tr>
<tr>
<td>LAI International</td>
<td>Carroll</td>
<td>Components for aerospace and defense, medical devices and infrastructure systems</td>
<td>Face shields</td>
</tr>
<tr>
<td>Manta BioFuels</td>
<td>Baltimore County</td>
<td>Energy technology</td>
<td>Face shields</td>
</tr>
<tr>
<td>Marty’s Bag Works</td>
<td>Anne Arundel</td>
<td>Canvas boating products, cushions, laser printing, and bags</td>
<td>Surgical masks, face shields, and lightweight gowns</td>
</tr>
<tr>
<td>Nations Photo Lab</td>
<td>Baltimore County</td>
<td>Full-service photo printing</td>
<td>Face shields</td>
</tr>
<tr>
<td>NRL &amp; Associates</td>
<td>Queen Anne’s</td>
<td>Ultra-precision machining, fabrication, and assembly</td>
<td>Ventilators</td>
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<tr>
<td>Potomac Photonics</td>
<td>Baltimore County</td>
<td>Biotech and medical devices</td>
<td>PPE visors</td>
</tr>
<tr>
<td>Rankin Upholstery</td>
<td>Montgomery</td>
<td>Auto, marine, aircraft and custom upholstery</td>
<td>Masks, gowns, and other PPE</td>
</tr>
<tr>
<td>Strouse</td>
<td>Carroll</td>
<td>Adhesive solutions</td>
<td>N-95 masks</td>
</tr>
<tr>
<td>X-Laser</td>
<td>Howard</td>
<td>Laser light show systems</td>
<td>Face shields</td>
</tr>
</tbody>
</table>
Personal Protective Equipment (PPE) Sources and Requests

- 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
Help your patients get health coverage

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
   ➢ 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

❖ 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

❖ 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

❖ Billable event with AWV 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

❖ 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 throughout Maryland’s reopening!**

❖ 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 grocery or prepared meals delivery
  ➢ Teaching how to use video technologies to connect with loved ones and/or healthcare providers for telemedicine

❖ 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

❖ 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
Opportunities to Volunteer and Serve

❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)
  ➢ https://mdresponds.health.maryland.gov/
  ➢ Complete Road to Readiness
General Guidelines

Staying Current - Sources

❖ 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
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

**Grant Amount**

$300 per eligible physician
Federal Emergency Funds for Small Business

❖ **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](https://www.sba.gov) and Treasury-approved banks, credit unions, and some nonbank lenders
State Emergency Funds for Small Business

❖ **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

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:
  ➢ Maryland Summer Meals  Howard County
  ➢ Montgomery County  Anne Arundel County
  ➢ Prince Georges County  St. Mary's County
  ➢ Charles County  Harford County
  ➢ Frederick 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

❖ Community- and Faith-Based Organizations

❖ Mass Gatherings and Large Community Events

❖ Non-Pharmaceutical Interventions for Specific Groups
Resources and References

❖ Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)


❖ CDC Travel Website (https://wwwnc.cdc.gov/travel/)
State Emergency Funds for Small Business

❖ **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.