Maryland
DEPARTMENT OF HEALTH

AMENDED DIRECTIVE AND ORDER REGARDING VARIOUS HEALTHCARE MATTERS

Pursuant to Md. Code Ann., Health-Gen. §§ 2-104, 18-102, 18-103, 18-205, 18-902, 18-904, and Public Safety § 14-3A-03

I, Robert R. Neall, Secretary of Health, finding it necessary for the prevention and control of 2019 Novel Coronavirus ("SARS-CoV-2" or "2019-NCoV" or "COVID-19"), and for the protection of the health and safety of patients, staff, and other individuals in Maryland, hereby authorize and order the following actions for the prevention and control of this infectious and contagious disease under the Governor's Declaration of Catastrophic Health Emergency. **This Directive and Order replaces and supersedes the Directives and Orders Regarding Various Healthcare Matters, dated April 5, and March 23, 2020 and the Directive and Order regarding Availability of Testing dated March 20, 2020.**

COVID-19 TESTING & REPORTING

1. **Testing Order Priority**

A. **Testing Criteria:** Healthcare providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Clinicians are encouraged to test for other causes of respiratory illness.

Clinicians shall regularly check the U.S. Centers for Disease Control and Prevention (CDC) guidance for evaluating and testing persons for COVID-19, located here: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

B. **Testing Priorities**: Healthcare providers shall prioritize COVID-19 test orders using the most expeditious means available (e.g., a hospital lab, commercial lab, or the State Laboratory) to the following groups:

I. Symptomatic hospitalized patients;

II. Symptomatic patients and staff in nursing homes, long-term care facilities, or other congregate living facilities housing individuals who are medically fragile, or as directed by the Maryland Department of Health (MDH);

III. Symptomatic emergency medical service personnel, healthcare workers, correctional officers, law enforcement personnel, and other first responders;

IV. Symptomatic high-risk unstable patients whose care would be altered by a diagnosis of COVID-19;

V. Persons identified through public health cluster and selected contact investigations; or

VI. Persons without symptoms who are prioritized by MDH or a local health department, or at the direction of an MDH-designated response team.

2. **Positive COVID-19 Test Reporting**

A. Pursuant to Health General Article §§ 18-205 and 18-904, and COMAR 10.06.01.03 and .04, a medical laboratory performing a diagnostic test for COVID-19 shall report a positive test result of an individual immediately to the Maryland Department of Health ("MDH") and the appropriate local health officer. Contact information for MDH and the local health officer for each county is attached.

B. The medical laboratory shall immediately notify the requesting healthcare provider of the positive test result and provide a written or electronic report of the positive test result to the requesting healthcare provider to give to the patient.

3. **Negative COVID-19 Test Reporting**

A. Pursuant to Health General Article §§ 18-205, 18-206, 18-904, a medical laboratory performing a diagnostic test for COVID-19 shall report the total number of tests performed and its negative test results for tested individuals no less than once a week to MDH at Mdh.CovidAggLab@maryland.gov.

B. A laboratory that is already submitting HL-7 formatted electronic laboratory reports (ELRs) to MDH shall send reports for negative and inconclusive test results in addition to positive test results.

C. A laboratory that does not already submit HL-7 formatted ELRs to MDH shall submit a summary report to MDH at Mdh.CovidAggLab@maryland.gov at least once per week that contains the following: the total number of specimens tested, the number of positive results, the number of inconclusive results, and the number of negative results.

4. **Other Testing Items**

A. Availability: All healthcare providers, facilities, and entities that offer COVID-19 testing shall make that testing available to any person presenting at the testing site with a healthcare provider's order and/or who meets the CDC criteria without regard to that person's ability to pay, type of health insurance, or participation in any particular provider network.

B. Costs: MDH shall make available appropriate financial support to those providing testing to the extent that the costs of that testing are not covered by payment from individuals and health insurance carriers. Laboratories processing COVID-19 tests for Maryland residents must accept reimbursement from the patients' insurance - private, Medicare, or Medicaid. If a patient is uninsured, providers and laboratories should use this process for reimbursement:

https://phpa.health.maryland.gov//Documents/covid19_FAQ_Uninsured_Reimbursement.pdf

HEALTHCARE PROVIDER MATTERS

5. Elective and Non-urgent Medical Procedures - Licensed Healthcare Facilities and All Healthcare Providers

A. Prohibition of Elective and Non-Urgent Medical Procedures

Pursuant to the Executive Order of March 16, 2020 relating to various healthcare matters and in accordance with the guidance issued by MDH and posted on its website at http://coronavirus.maryland.gov, all licensed hospitals, ambulatory surgical centers, and all other licensed healthcare facilities shall cease all elective and non-urgent medical procedures effective at 5 p.m., Tuesday, March 24, 2020 and not provide any such procedures for the duration of the catastrophic health emergency.

Pursuant to the Executive Order of March 16, 2020 relating to various healthcare matters and in accordance with the guidance issued by MDH and posted on its website at http://coronavirus.maryland.gov, all providers of healthcare licensed, certified, or otherwise authorized under the Health Occupations Article shall perform only medical procedures that are critically necessary for the maintenance of health for a patient. All elective and non-urgent medical procedures and appointments shall cease effective at 5 p.m., Tuesday, March 24, 2020 and shall not be performed for the duration of the catastrophic health emergency.

B. Resumption of Elective and Non-Urgent Medical Procedures - Conditions

All licensed healthcare facilities and healthcare providers may resume elective and non-urgent medical procedures and appointments at 7:00 A.M., May 7, 2020 provided all of the following measures are in place:

I. Licensed healthcare providers shall exercise their independent professional judgment in determining what procedures are appropriate to perform, which appointments should occur, and which patients to see in light of widespread COVID-19 community transmission.

II. Any licensed healthcare facility or healthcare provider resuming elective and non-urgent medical procedures shall have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients.

- Note: PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures.
- Note: The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains.
- Note: For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests.

III. Social distancing requirements must be strictly maintained in all settings where people must wait in order to minimize direct contact between individuals within the healthcare setting and use of non-traditional alternatives is encouraged (*e.g.*, call ahead registration; waiting in a car until called).

IV. 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.

V. All healthcare facilities and healthcare providers must plan for and implement enhanced workplace infection control measures in accordance with the most current CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html

- Note: 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.

- Note: Patients should wear a face covering whenever possible.

VI. Any healthcare facility or healthcare provider who is unable to provide PPE for themselves, staff, and patients where appropriate shall immediately restrict operations to urgent and non-elective procedures and appointments.

C. Certification and Other Matters

I. A healthcare facility's managing authority or the responsible healthcare provider shall certify to MDH via secretary.health@maryland.gov that all of the above conditions for resumption of elective and non-urgent medical procedures have been met prior to resuming operations. A copy of this self-certification notice shall be posted prominently in the facility for the attention of patients and staff.

II. Complaints about a healthcare facility's implementation of these measures may be directed to the Office of Health Care Quality at https://health.maryland.gov/ohcq/Pages/Complaints.aspx. A healthcare provider's failure to comply with the terms of this order shall be considered to constitute unprofessional conduct, and written complaints about such failures may be directed to the appropriate health occupation board.

III. MDH does not construe the immunity provisions in Pub. Safety Art. § 14-3A-06 or Health Gen. Art. § 18-907 to apply to a healthcare provider or facility performing non-COVID-19 related procedures or appointments.

6. **Personal Protective Order Conservation**

Subject to availability, all healthcare providers are required to immediately implement the U.S. Centers for Disease Control and Prevention's Strategies to Optimize the Supply of PPE and Equipment, to include, but not limited to:

A. Use facemasks beyond the manufacturer-designated shelf-life during patient care activities.

B. Implement limited re-use of facemasks. The healthcare provider must not touch the outer surfaces of the mask during care, and mask removal and replacement must be done in a careful and deliberate manner.

C. Prioritize facemasks for:

I. Provision of essential surgeries and procedures;

II. During care activities where splashes and sprays are anticipated;

III. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable; and

IV. Performing aerosol generating procedures, if respirators are no longer available.

D. Exclude healthcare providers at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.

HEALTHCARE FACILITY MATTERS

7. **Hospital Contingency Plans**

All licensed hospitals shall implement the medical staff plans required by COMAR 10.07.01.24G(2) to grant temporary disaster privileges. The plans shall remain in effect for the duration of the catastrophic health emergency.

8. **Off-Campus Hospital Facilities**

Notwithstanding the provisions of COMAR 10.07.01.06, off-campus hospital facilities may be used for inpatient hospital care if the proposed off-campus facility would be operated by an existing licensed Maryland hospital under the terms of that hospital's license and such use would not adversely affect the safety and health of patients served at the off-campus facility.

OTHER HEALTHCARE MATTERS

9. Pursuant to the Executive Order of March 16, 2020 relating to various healthcare matters, manufacturers, wholesale distributors, or other entities engaged in the sale, purchase, distribution or transfer of FDA-approved prescription devices for emergency medical reasons relating to COVID-19 response measures are exempt from Maryland licensure requirements provided that the manufacturer, wholesale distributor, or other entity is licensed or otherwise authorized to engage in such activity in the state in which it is located.

10. **Severability**

If any provision of this Directive and Order or its application to any person, entity, or circumstance is held invalid by any court of competent jurisdiction, all other provisions or applications of this Directive and Order shall remain in effect to the extent possible without the invalid provision or application. To achieve this purpose, the provisions of this Directive and Order are severable.

THESE DIRECTIVES AND ORDERS ARE ISSUED UNDER MY HAND THIS 6TH DAY OF MAY 2020 AND ARE EFFECTIVE IMMEDIATELY.

Robert R. Neall
Secretary