



MARYLAND STRONG

ROADMAP TO RECOVERY

RELEASED APRIL 24, 2020

GOVERNOR
LARRY HOGAN



A MESSAGE FROM GOVERNOR LARRY HOGAN

The **Maryland Strong Roadmap to Recovery** is designed to get Maryland moving again. As a lifelong small businessman, there is no one who wants to get the Maryland economy open again more than I do. Other than keeping Marylanders safe and saving lives by defeating COVID-19, there is absolutely nothing more important to me than getting people back to work and getting businesses reopened. I want to get people back on their feet and get our economy back on track. We will do that as quickly as we possibly can in a safe, gradual and effective way.

Since the first days of this crisis, we have been making decisions based on the best advice from an incredible team of experts who have been instrumental in creating the reopening strategies for the entire nation, including the White House Coronavirus Task Force's *Guidelines for Opening Up America Again*, Johns Hopkins' *Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors*, and the American Enterprise Institute's *National Coronavirus Response: A Road Map to Reopening*.

As Chairman of the National Governors' Association (NGA), I am leading the nation's governors in our partnership with the federal government to beat COVID-19 and get our economy back on track. Part of this leadership effort was releasing the NGA's *Roadmap to Recovery: A Public Health Guide for Governors* providing recommendations to help my fellow governors across the country reopen their states safely. Just as we used it in designing Maryland's own Roadmap to Recovery.

My administration worked to set up the building blocks needed to put Maryland in a position to attack the virus from every direction. This put us on solid footing to begin our reopening and recovery as soon as we reach the necessary downward trends in the critical gating metrics required in all of the experts' plans before states should reopen. I am hopeful if Marylanders continue staying home and practicing aggressive physical distancing for a little while longer, we should soon be able to activate this recovery roadmap.



The entire focus of my administration has been growing the private sector, creating jobs, and turning Maryland's economy around. That's the reason I ran for governor and it breaks my heart to see so many Marylanders struggling so much right now.

While the fight against the virus has been hard, I take so much pride in seeing Marylanders stepping up and helping one another during this trying time. Whether it is a closed restaurant making meals for our courageous doctors and nurses, or our manufacturers making protective equipment, we are reminded that even in the toughest times, we are always Maryland Strong.

Larry Hogan
Governor



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INTRODUCTION

Over the last two months, Governor Hogan has taken a series of early, unprecedented, and aggressive actions to protect the health and safety of Marylanders and to “flatten the curve” of the COVID-19 outbreak. Thanks to these decisive actions, as well as the selflessness, courage, and grit of Marylanders, our State appears to be achieving this urgent goal. Although we still have a long and difficult road ahead, Maryland’s approach is working: blunting the worst potential infection rates, saving thousands of lives, and preventing the overwhelming of our healthcare system resources.

As a result of this success, Maryland is now able to begin shifting from the mitigation phase to the recovery phase of our coronavirus response. Early on, Governor Hogan convened a team of experts, some of whom wrote the top authoritative guides for reopening. After weeks of extensive consultations with these top experts and with a diverse group of business leaders, organized labor leaders and economists, Governor Hogan has set targeted and evidence-based guideposts for Maryland’s path to recovery.¹

EXECUTIVE SUMMARY

Maryland Strong lays out a path to gradually and responsibly reopen Maryland’s economy and details the “new normal” necessary to do so. It also recognizes that economic recovery and protecting public health are not opposing goals – they are the same goal and must work together hand in hand.

The National Governors Association’s *Roadmap to Recovery: A Public Health Guide for Governors* lays out 10 steps in the form of a framework for gradual and safe reopening. These 10 steps are broken down into two sets of five: “Building the Public Health Infrastructure” and “Creating and Executing a Plan to Gradually Reopen the Economy.” Maryland Strong is our State’s move into the second half of the NGA framework.

¹ Reference Links: [Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors](#), Johns Hopkins Bloomberg School of Public Health; [National Coronavirus Response: A Road Map to Reopening](#), Dr. Scott Gottlieb, American Enterprise Institute; [“A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US,”](#) Johns Hopkins Bloomberg School of Public Health; [“A National Covid-19 Surveillance System: Achieving Containment,”](#) Duke University/Margolis Center for Health Policy; [“Roadmap to Recovery: A Public Health Guide for Governors,”](#) The National Governors’ Association; [“Guidelines for Opening Up America Again,”](#) White House Coronavirus Task Force.



The Roadmap also utilizes key criteria drawn from sources like the White House Coronavirus Task Force’s *Guidelines for Opening Up America Again*, Johns Hopkins’ *Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors*, and the American Enterprise Institute’s *National Coronavirus Response: A Road Map to Reopening*.²

As a key part of this plan, the State’s tracking and mitigation efforts will continue to become even more robust. After securing test kits from the Republic of Korea and simultaneously boosting testing throughput capacity, Maryland stands ready to begin a robust testing program that is second-to-none.

Over the past month, the State has worked to prepare contact tracers to deploy as the State reopens. The State has also increased its hospitalization surge capabilities at 22 sites (most notably at the Baltimore Convention Center and Laurel Hospital).

This document is a roadmap, not a calendar. The Administration does not intend to set dates or telegraph benchmarks for moving through this journey. Unfortunately, the virus dictates the speed with which the State can move.

The closing of the State happened in phases, and on the advice of the Governor’s Coronavirus Response Team. We should expect this to be the way the State will reopen. The Administration intends to move rapidly, but not recklessly. We must avoid any situation where actions we take in this critical time lead to a relapse of the disease.

The Roadmap begins with “Low Risk” activities and moves through “High Risk” activities. As the State moves to permit higher risk activities and businesses, the impacted industry will have to meet higher standards and benchmarks to show that Marylanders can participate in these activities and feel safe.

PRELIMINARY DISCUSSION

The White House’s gating protocols require that a 14-day downward trajectory of benchmark metrics – or at least a plateauing of rates – is required before recovery steps can begin, and again each time before additional recovery steps can move forward.

² Specifically, the Maryland Strong Roadmap to Recovery addresses steps 7-10 of the NGA guidance: (7) create a framework for reopening; (8) Set the criteria and define the stages for reopening; (9) Build partnerships between public and private sectors to implement the plan; and, (10) Prepare to reassess and improve the plan frequently.



The primary gating benchmarks for Maryland are: first, the current hospitalization rate (including the current ICU bed usage rate) for COVID patients; and, second, the number of daily COVID deaths. Deaths are a lagging indicator, so the State’s primary gating metric for this recovery roadmap is the current COVID hospitalization rate. The rate of COVID patients occupying beds is currently our most accurate measure of our ability to slow the spread of this deadly disease in Maryland. However, once testing in the state becomes truly robust, new case rates could also become an effective gating metric in Maryland.

The principle behind “flattening the curve” is ensuring healthcare resources are not overwhelmed by a massive influx of COVID-19 patients. If such a “surge” or “spike” occurred, we would expect to see rapidly increasing morbidity rates. So long as hospitalizations remain steady, and ICU resources continue to be available, we can take a series of steps toward normalization.

This plan also relies on early indication warnings – what we refer to in this report as “Stop Signs” – that some easing of restrictions are triggering new outbreaks or significantly increasing the strain on medical resources. This would indicate a need to slow plans to reopen Maryland until it can be done more safely. We closely monitor these factors and will adapt to any early warning indications to prevent an avoidable spread of the disease.

Obviously, if there is a major new outbreak or cluster, the State will take quick mitigation actions to protect the health and safety of Marylanders. In some instances, this could even mean rolling-back some of the reopening steps.



I. WHERE WE'VE BEEN

In the second week of January, the Administration began tracking news reports of the emergence of a novel coronavirus outbreak, which originated in Wuhan, China.

After internal discussions, Governor Hogan addressed this emerging threat at a Board of Public Works meeting on January 29, 2020, and the State Emergency Operations Center's activation level was raised to "Enhanced" to prepare.³ On the same day, the Maryland Department of Health issues clinical guidance to the State's physicians, nurses, pharmacists and local health departments. Two days later, the Federal Government put restrictions in place on travel from China to the United States.⁴

On March 3, the Governor submitted a \$10 million emergency funding request to the General Assembly as part of a supplemental budget.⁵ On the same day, the Health Department put out guidance on nursing homes, local school systems, and hospital surge plan preparedness. All state agencies were instructed to review continuity of operations plans.

On March 5, the Governor declared a State of Emergency after several Marylanders tested positive after returning home from a Nile River cruise in Egypt.⁶

In the 50 days following the declaration of the State of Emergency, the Governor and his Administration have taken actions every day to help Maryland in its fight against the coronavirus. In particular, the Governor and his Administration took the following critical actions during this time:

- March 9: The Governor formed a Coronavirus Response Team to advise on health and emergency management decisions.⁷

³<https://governor.maryland.gov/2020/01/29/governor-hogan-provides-update-on-marylands-response-to-novel-coronavirus/>

⁴<https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-persons-pose-risk-transmitting-2019-novel-coronavirus/>

⁵<https://governor.maryland.gov/2020/03/03/maryland-department-of-health-approved-for-testing-for-novel-coronavirus-cases/>

⁶<https://governor.maryland.gov/2020/03/05/governor-larry-hogan-declares-state-of-emergency-expands-statewide-response-to-novel-coronavirus/>

⁷<https://governor.maryland.gov/2020/03/09/governor-hogan-announces-sixth-positive-case-of-coronavirus-in-maryland/>



- March 11: The Governor enacted several recommendations and additional state actions:⁸ The Maryland Health Benefits Exchange established a special enrollment period through Maryland Health Connection for COVID-19; the Department of Public Safety and Correctional Services discontinued visitation services; and restricted access to long-term care, nursing, and veterans' facilities
- March 12: The Governor announced major actions including:⁹ Maryland Emergency Management Agency moving to its highest action level; activating the National Guard; and closing all public schools from March 16 through March 27.
- March 16: The Governor ordered the closure of bars and restaurants and banned mass gatherings of over 50 people.¹⁰ The Governor also prohibited utility shut-offs and prohibited evictions for individuals. The Governor, further, issued a health care order that: (1) laid out a directive to increase hospital surge capacity to 6,000 beds; (2) activated the states medical reserve corps; (3) allowed for interstate reciprocity of practice for any individual that holds a valid health care license; and, (4) allowed for inactive clinicians to practice without first reinstating their inactive licenses
- March 18: The Maryland Department of Commerce posted Maryland Business Express Coronavirus (COVID-19) Information for Businesses.
- March 23: The Governor ordered the closure of all non-essential businesses.¹¹ The Governor also announced more than \$175 million to assist small businesses and workers.
- March 24: The Governor toured the Baltimore Convention Center, which is to be turned into a field hospital and alternative care site with support from the Maryland National Guard.¹²
- March 27: The Governor announced a joint partnership between the Governor's office, Bloomberg Philanthropies and John Hopkins University to fund research into the potential therapeutic uses of COVID-19 convalescent plasma.
- April 5: The Governor issued new directives that required nursing facilities to direct all staff who interact with residents to wear personal protective equipment, create separate observation and isolation areas for residents, and expedite all testing through the Maryland State Public Health Laboratory.¹³
- April 7: The Governor also announced a first-in-the-nation medical "strike team" program where physicians and nurses could deploy to hotspots to help staff at nursing homes and long-term care

⁸ <https://www.youtube.com/watch?v=GAnBmnSTzYA&feature=youtu.be>

⁹ <https://www.youtube.com/watch?v=zgvsicjo -M>

¹⁰ <https://governor.maryland.gov/2020/03/16/governor-hogan-orders-closure-of-bars-and-restaurants-announces-unprecedented-public-health-surge-to-combat-covid-19-crisis/>

¹¹ <https://www.washingtonpost.com/dc-md-va/2020/03/23/coronavirus-dc-maryland-virginia-updates/>

¹² <https://governor.maryland.gov/2020/03/24/video-release-governor-hogan-tours-baltimore-convention-center-to-review-field-covid-19-field-hospital-plans/>

¹³ <https://governor.maryland.gov/2020/04/05/governor-hogan-takes-aggressive-action-to-protect-nursing-home-residents-and-staff-amid-covid-19-outbreaks/>



facilities. The Governor further directed the Department of Health to immediately take all actions necessary in order to provide further demographic breakdowns on race and ethnicity for all case data.

- April 10: The Governor announced that he has directed the Maryland Department of Labor to take steps to bolster the state's unemployment insurance process to handle an unprecedented surge in claims.¹⁴ The Governor also announced the launch of COVIDConnect, a new registry for Marylanders who have recovered from COVID-19. This registry will serve as a community platform to share experiences and lend support to others who are coping with the recovery process.
- April 15: The Governor announced that the state plans to hire 1,000 contact tracers.¹⁵ The Governor further announced that face masks must be worn while inside any retail establishment and while riding on any public transit.¹⁶
- April 20: The Governor announced a deal with LabGenomics and the Republic of Korea which secured 500,000 test kits for the State of Maryland.¹⁷
- April 22: The Governor toured the surge capacity beds created at the newly reopened Laurel Hospital.
- April 24: The Governor released his Maryland Strong Roadmap to Recovery

¹⁴<https://governor.maryland.gov/2020/04/10/governor-hogan-institutes-budget-and-hiring-freeze-across-state-government-takes-action-to-bolster-unemployment-claims-process/>

¹⁵<https://www.washingtonpost.com/dc-md-va/2020/04/15/coronavirus-dc-maryland-virginia-live-updates/>

¹⁶<https://www.wbalv.com/article/coronavirus-maryland-governor-larry-hogan-addresses-calls-to-reopen-businesses-testing-capacity/32156651>

¹⁷<https://www.npr.org/sections/coronavirus-live-updates/2020/04/21/839919655/maryland-gets-500-000-test-kits-from-south-korea-drawing-criticism-from-trump>



II. THE BUILDING BLOCKS

Governor Hogan has laid out the **Four Building Blocks** that are necessary for the State to move towards recovery. These include: (1) procuring sufficient personal protective equipment for frontline healthcare workers; (2) generating hospital surge capacity; (3) having adequate testing capacity; and, (4) a robust contact tracing program.

The Governor's building blocks are consistent with the National Governors Association framework: (1) Expand testing capacity and make testing broadly available; (2) Strengthen public health surveillance to understand the spread of the disease and rapidly detect outbreaks; (3) Dramatically scale capacity for isolation, contact tracing, and quarantine; (4) Ensure the healthcare system can respond to potential surges; (5) Protect essential workers and at-risk populations.

A. Personal Protective Equipment

Personal Protective Equipment (PPE) are the surgical masks, N95 (and KN95) masks, gloves, gowns and face shields used by hospitals, first responders, long-term care facilities, and other frontline personnel to protect them from exposure to the virus. Hospital, EMS and long-term care facilities personnel in Maryland currently have a "burn rate" of roughly 287,000 surgical masks, 181,000 N95 masks, 715,000 gloves, 299,000 surgical gowns, and 44,000 faceshields per day.¹⁸ In addition to those numbers, additional PPE is required each day by law enforcement and correctional personnel.

The federal distributions from the Strategic National Stockpile, while very much needed and appreciated, did not come close to helping any of the states significantly close their PPE supply gaps. FEMA provided Maryland with the following from the Stockpile: 465,500 surgical masks, 121,660 N95 masks, 276,890 gloves, 62,028 surgical gowns, and 73,221 faceshields.¹⁹ The federal Stockpile is now fully depleted, so no further Stockpile distributions are expected until it is replenished.²⁰

¹⁸ Maryland Department of Emergency Management, *Daily Usage Burn Rate*.

¹⁹ Maryland Department of Emergency Management, *SNS/MDH Distribution*.

²⁰ <https://apnews.com/a464316e25560d393bdo7ao21b7e81ba>



Fortunately, Maryland was also able to acquire a Battelle Critical Care Decontamination System, and other similar equipment, which allows some masks to be sterilized and reused.

The White House Coronavirus Task Force’s “State or Regional Gating Criteria” requires that states work to “[p]rotect the health and safety of workers in critical industries [and to p]rotect the health and safety of those living and working in high-risk facilities (e.g., senior care facilities).”²¹ The Task Force further advises that the states’ healthcare systems should have the “[a]bility to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need.”²²

The State of Maryland is doing whatever it takes to address the supply chain challenges in acquiring PPE. The reality is there is a scarcity of available PPE on both domestic and global markets to meet the current needs. Examples of some recent moves by the State to help meet this building block include the successful procurement of one million KN95 masks and one million surgical masks from the Republic of Korea. The State also acquired 10,000 gowns from the State of New York. Additionally, the State has contracted with a local Baltimore City company to produce up to 7,500 cloth, sewn, reusable, washable gowns per week – and with those production jobs based in the city.

It remains a top priority for the State to continue aggressively pursuing every lead to acquire more PPE.

B. Surge Capacity

Surge capacity relates to the number of acute and critical care beds available within the hospital system in the event that mitigation and containment efforts are unsuccessful. These are beds in addition to the ones that already exist within our hospital system and can be used to treat COVID+ patients or provide adequate isolation during recuperation. This capacity also looks at the number and quality of ventilators and breathing-assistance devices across the State’s healthcare system.

“As healthcare systems grapple with the first wave of COVID-19 infections, governors have played central roles increasing the surge capacity of the healthcare systems in their states. Steps have included obtaining PPE, securing ventilators, redistributing the healthcare workforce, and establishing additional workforce and hospital capacity. To prepare for the gradual reopening of

²¹ <https://www.whitehouse.gov/openingamerica/#criteria>

²² *Id.*



the economy, states must ensure that their healthcare systems are out of crisis mode and able to handle potential new surges in patients, along with non-COVID-19 related services.”²³

The White House Coronavirus Task Force’s “Proposed State or Regional Gating Criteria” requires that hospitals be able to “[t]reat all patients without crisis care.”²⁴ Additionally, the Task Force’s guidance states that the healthcare system capacity should have the “[a]bility to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need” and have the “[a]bility to surge ICU capacity.”²⁵

On March 16, the Governor directed the Maryland Health Department (MDH) to increase statewide surge capacity by 6,000 beds. In just over a month, MDH, in partnership with local hospitals, brought thousands of new beds online. This increase included 22 new sites around the State, notably at the Baltimore Convention Center and standing up Laurel Hospital. The State is on-track to bring all 6,000 surge beds online.

C. Testing

The White House Coronavirus Task Force’s “Proposed State or Regional Gating Criteria” requires a “[r]obust testing program in place for at-risk healthcare workers, including emerging antibody testing.”²⁶

The State of Maryland has been working diligently to acquire both tests and testing capacity. On April 20, the State of Maryland, in partnership with the Republic of Korea, secured 500,000 test kits from LabGenomics, a company in South Korea. These LabGun COVID-19 PCR tests, which have been validated by the State’s health lab, in conjunction with existing supplies and throughput capacity, significantly increased Maryland’s readiness to move towards reopening.

The State has also pursued domestic sources for testing supplies and kits. In the week leading up to the arrival of test kits from LabGenomics, the State was able to source 40,000 additional tests from domestic vendors. Acquiring the tests alone, however, is not sufficient to solve the testing issues.

²³ NGA, *Roadmap*, at 13.

²⁴ <https://www.whitehouse.gov/openingamerica/#criteria>

²⁵ *Id.*

²⁶ *Id.*



The State has also expanded its testing capacity. In just one month, the State increased its capacity by 5,000%. By April 24, 2020, the State conducted over 80,000 tests. In partnership with the University of Maryland’s Baltimore lab and using cutting-edge robotics, the University of Maryland Medical System was able to increase its testing throughput capacity to 20,000 per day. The State is also seeking to use existing federal labs located in Maryland to further increase our testing capacity.

The State also expanded its ability to reach people in need of testing by establishing drive-through testing sites at several vehicle emissions centers as well as sites in both Prince George’s County and Baltimore City.

There are other testing concerns, including a significant national shortage of the chemical reagent that labs require for the processing of test samples. The State is also seeking – along with all the other states – to acquire more devices and materials needed for a robust, point-of-care rapid testing program.

“The ultimate goal for diagnostic testing should be that all patients with COVID-19 symptoms seeking outpatient or hospital care receive a reliable diagnostic test.”²⁷

D. Contact Tracing

The White House Coronavirus Task Force’s “State or Regional Gating Criteria” requires the “[a]bility to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results.”²⁸ The guidance suggests that states “[e]nsure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans).”²⁹

“[W]e need an unprecedented and rapid scale-up of the public health workforce dedicated to case identification and contact tracing. Estimates vary as to how many workers are needed, depending on the size of the state and the true size of its outbreak (confirmed by diagnostic testing). Contact tracing is particularly resource intensive, and, as cases rise, more individuals will be needed to ensure comprehensive contact tracing of all confirmed cases can be done.”³⁰

²⁷ Duke/Margolis, *Achieving Containment*, at 4.

²⁸ <https://www.whitehouse.gov/openingamerica/#criteria>

²⁹ *Id.*

³⁰ *A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US* at 8.



AEI suggests that, in order to move towards reopening, the State “[s]urge the existing public-health workforce to conduct case finding and contact tracing”³¹

“Having in place strong background surveillance on representative and at-risk samples of the population (and to capture asymptomatic and mildly symptomatic spread that might otherwise go undetected) is potentially important to identify outbreaks before they grow out of control. Sentinel surveillance will be a critical tool for identifying asymptomatic or mildly symptomatic spread that may evade symptom-based surveillance but that could be an early indicator of – or prelude to – larger outbreaks.”³²

Maryland has already deployed hundreds of contact tracers around the State. On April 22, 2020, Governor Hogan authorized a contract with the National Opinion Research Center, the oldest and largest university-based research firm in the country, operated from the University of Chicago with offices in Maryland, to quadruple the number of contact tracers in the State. This agreement will increase the number of contract tracers working in Maryland to 1,000.

In addition to these new contact tracers, the State launched a cutting-edge contact tracing platform called *COVID Link* which will assist in the monitoring and collecting of information about COVID-19 patients and any community transmission. This platform will utilize data from the Chesapeake Regional Information System Portal (CRISP), and the contact tracers will be trained in accordance with all of the applicable privacy regulations.

³¹ AEI, *Roadmap*, at 5.

³² Duke/Margolis, *Achieving Containment*, at 4.



III. THE MARYLAND STRONG RECOVERY TEAM

To utilize the brightest minds over a broad spectrum of fields – from the medical and scientific fields to business and community leadership – Governor Hogan created the Maryland Coronavirus Response Advisory Team. Initially, it served in a scientific and medical advisory nature. Now that Maryland moved from the containment phase to mitigation phase, and is now approaching the recovery phase, the response group added business, community and labor leaders and transitioned into the Maryland Strong Recovery Team. Members of the team include:

- Dr. Wilbur Chen, Chief of the Adult Clinical Studies, Center for Vaccine Development and Global Health, University of Maryland Medical System.
- Augie Chiasera, President, M&T Bank (Baltimore and Chesapeake Region).
- Jim Davis, Chairman, Allegis Group.
- Dr. Ted Delbridge, Director, Maryland Institute for Emergency Medical Services Systems.
- Robert Doar, President, American Enterprise Institute.
- Dr. Steve Evans, Executive Vice President of Medical Affairs and Chief Medical Officer, MedStar.
- Dr. Scott Gottlieb, former FDA Commissioner and Resident Fellow, American Enterprise Institute; also serves as an advisor to the White House on the COVID recovery efforts.
- Dr. Tom Inglesby, Director, Johns Hopkins Center for Health Security.
- Dr. John Loome, Senior Vice President for Medical Affairs, Genesis Healthcare.
- Dr. Lisa Maragakis, Senior Director of Infection Prevention, Johns Hopkins Health System.
- Dr. David Marcozzi, Assistant Chief Medical Officer for Acute Care, University of Maryland Medical System.
- Mark McManus, General President, United Association; representing 355,000 plumbers, pipefitters, sprinkler fitters, service technicians, and welders in local unions across the United States.
- Kevin Plank, Founder and Executive Chairman, Under Armour, Inc
- Boyd K. Rutherford, Lieutenant Governor of the State of Maryland
- Dr. Mitchell Schwartz, President and Chief Medical Officer, Luminis Health Clinical Enterprise.
- Dr. Linda Singh, PMP, ACC, Interim Executive Director, TEDCO; former Adjutant General, Maryland National Guard.
- Arne Sorenson, President and CEO, Marriott International; Chair, Coronavirus Response Group, Business Roundtable.



The Governor will continue to consult with them frequently and rely heavily upon their guidance as the recovery moves forward.

Governor Hogan, as the Chairman of the National Governors Association (NGA), released the NGA's *Roadmap*. Likewise, it is also important to note that Maryland Strong Recovery Team members not only advise the Governor, but were instrumental in drafting the leading foundational documents being used across the nation to guide America's reopening and recovery. Specifically, Dr. Gottlieb and Dr. Inglesby were either the authors, co-authors, or advisors for the Johns Hopkins, AEI and White House documents listed below:

- [*Roadmap to Recovery: A Public Health Guide for Governors*](#), The National Governors' Association (Appendix A).
- [*Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors*](#), Johns Hopkins Bloomberg School of Public Health (Appendix B).
- [*National Coronavirus Response: A Road Map to Reopening*](#), Dr. Scott Gottlieb, American Enterprise Institute (Appendix C).
- [*Guidelines for Opening Up America Again*](#), The White House Coronavirus Task Force (Appendix D).



IV. A FLATTENING CURVE

A Successful Track Record of Flattening the Curve

Initial modeling in March 2020 painted a dire picture for both the United States as a whole, and for Maryland. President Trump has repeatedly referenced that the White House modeling projected 2.2 million Americans would have died from COVID had the nation’s governors and federal guidelines not ordered social/physical distancing. Likewise, the modeling for Maryland had painted an equally grim picture. The Johns Hopkins modeling (Fig. 1) showed that without physical distancing orders and closures 360,000 Marylanders would have been infected by June 1, 2020, and that as many as 12,240 could have died.³³

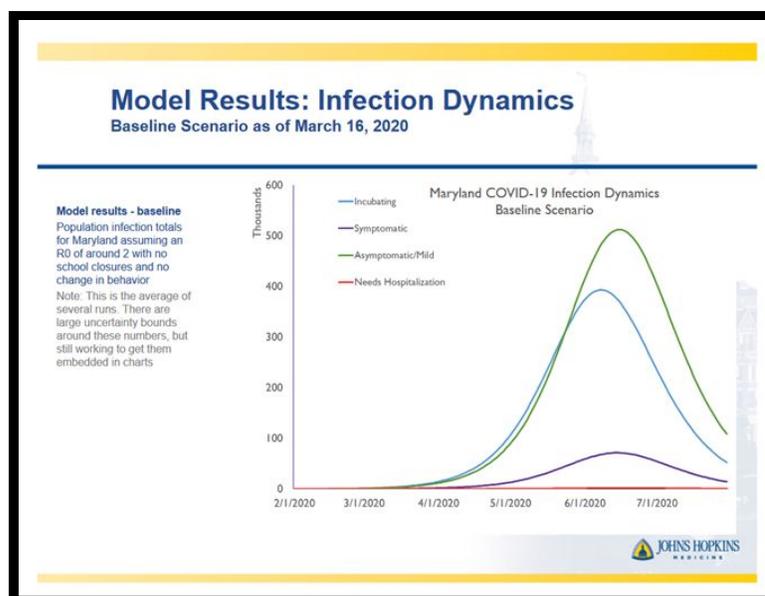


Fig. 1 - Johns Hopkins modeling, 3/16/20: 360,000 cases in Maryland by June 1 (without physical distancing orders).

Other Hopkins modeling (Fig. 2) showed that Maryland would have had in excess of 3.5 million cumulative COVID cases by Fall 2020, had there been no physical distancing orders and closures in our state.

³³ COVID-19 has an established mortality rate in the United States as high as 3.4 percent. Source: Centers for Disease Control and Prevention, *Severe Outcomes Among Patients with COVID-19*, March 27, 2020.

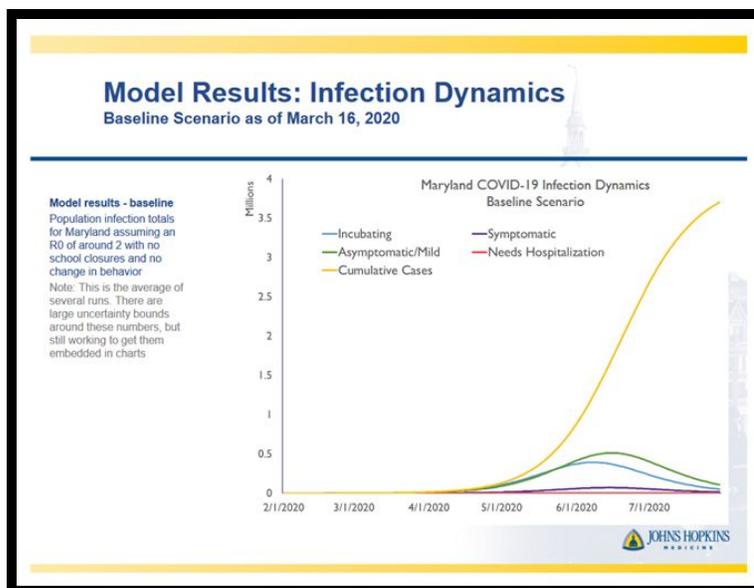


Fig. 2 – Johns Hopkins modeling, 3/16/20: Over 3.5 million people cumulatively infected in Maryland by Fall 2020 (without physical distancing orders).

As of April 24, 2020, Maryland recorded 16,616 confirmed COVID-19 cases, and 723 deaths. This is far below the rates initially predicted on any of the modeling, had Maryland not imposed necessary public health restrictions.

The three leading models – COVID-19 Hospital Impact Model for Epidemics (CHIME – University of Pennsylvania), Johns Hopkins Emergency Medicine Group, and the Institute for Health Metrics and Evaluation (IHME – University of Washington) – all currently indicate Maryland is successfully flattening the curve. This ensures our medical capacity to treat the sick is not overwhelmed – unlike what occurred in Italy, Spain, and New York City. But flattening the curve also means that the high early spike is avoided, but the actual peak of cases – and then plateauing of COVID rates in the state – arrives significantly later.

Because of the previous national shortages in testing materials, there was an insufficient level of testing to use case numbers as a determiner of recovery steps. The State’s recent acquisition of 500,000 tests from the Republic of Korea will ensure more robust testing. However, more robust testing also means Marylanders should be prepared to see the number of cases increase. This expected spike in positives will not necessarily reflect an actual spike in COVID conditions in the state, but may show that our vigorous testing program is now more-fully online.

In its “Guidance for Governors,” the Johns Hopkins Center for Health Security advises that:



Governors should consider reopening in phases separated by 2 to 3 weeks. After each phase of reopenings, state public health officials should review the numbers of new COVID-19 daily case counts, hospitalizations, and deaths carefully, along with other syndromic surveillance tools. The results of reopening decisions will take 2 to 3 weeks to be reflected in those numbers. If case counts, hospitalizations, and deaths go up in that time, further actions in reopening should be paused, and steps should be taken to get control of the rising numbers. Possible actions might include changes to case finding and contact tracing, taking specific measures to respond to identified new outbreaks, and, as needed, re-imposition of some or all of the previously relaxed social distancing interventions.³⁴

Likewise, the White House’s gating guidelines state that a 14-day downward trajectory of benchmark metrics – or at least a plateauing of rates – is required before recovery steps can begin, and before each additional recovery step can move forward.

Current hospitalization rates (Fig. 3) continue to show an overall upward trajectory over the most-recent 14 days, but there are some promising early signs the trend may be starting to level.³⁵ The COVID hospital occupancy rate data is posted to the coronavirus.maryland.gov website and updated daily so the public can view in real time the same gating metrics being considered daily by the Governor as part of determining rolling 14-day trends.

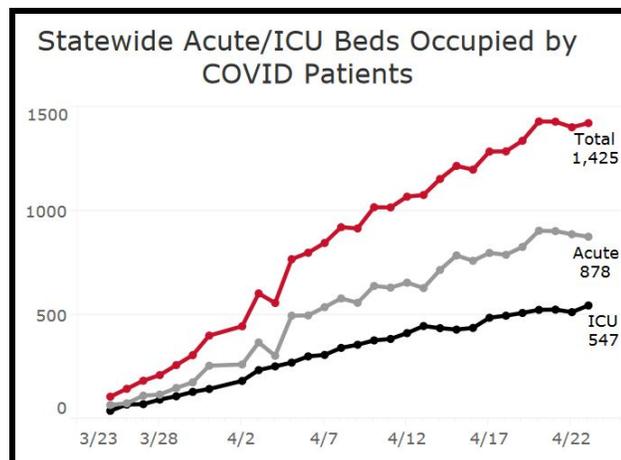


Fig. 3: Source: CRISP, Maryland Institute for Emergency Medical Services System (MIEMSS), 4/24/20.

³⁴ Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors at 20

³⁵ Note: Although the four most recent days show a *potential* plateauing beginning, it is too soon to draw any valid conclusions until 14 days of confirming data exists.



V. GUIDING PRINCIPLES

A. Why a Road Map?

The purpose of a road map is to lay out paths to a destination. A road map is not a calendar, or a set of fixed dates, but it is an important guide to show the intended path forward to recovery.

The Roadmap is divided into Low Risk, Medium Risk, and High Risk categories for activities. These designations are based on numerous factors drawn from both scientific and industry studies. However, the rationale is fairly simple: activities with a lower level of virus transfer are deemed lower risk.

B. Telework, Masks, and Physical Distancing

Marylanders should be prepared to continue teleworking, wearing masks or face coverings, and practicing physical distancing for the foreseeable future. At this point, there are few effective therapeutic treatments for COVID-19 and no vaccine or effective prophylactic treatments.

- **Employers and Employees should continue with telework plans**

Crowded spaces can lead to the people spreading the virus. If you are able to telework for your job, you and your employer should consider extending that arrangement.

“Even when reopening actions are underway, those who can continue to telework should continue to do so. This will reduce social interactions overall and will reduce the risk of infection in workplaces where telework is feasible. Businesses should actively support social distancing by implementing telework policies and adopting flexible sick leave policies that encourage workers to stay home when sick or when known exposure to COVID-19 has occurred.”³⁶

³⁶ Hopkins, *Guidance for Governors*, at 20.



- **Marylanders should continue to wear face coverings or masks in indoor public places**

“My mask protects you, your mask protects me.” The best current science shows that, while you might not be showing symptoms, you might still be a carrier of COVID-19. Because there is no vaccine or effective treatment for the virus at this time, the best practice is to continue wearing cloth face-coverings while in public, indoor places.

From the AEI *Roadmap*: “There is emerging evidence that asymptomatic and presymptomatic transmission of COVID-19 is possible, which complicates efforts to pursue case-based interventions. To reduce this risk [...] everyone, including people without symptoms, should be encouraged to wear nonmedical fabric face masks while in public.”³⁷

Likewise, the CDC “recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission.”³⁸

- **Marylanders should continue to practice physical distancing**

COVID-19 is primarily a respiratory disease. It spreads through droplets in the air that come out of people’s lungs. While we may not be able to see these droplets, the best public health guidance right now is that leaving a six foot distance between yourself and others is the best way to make sure you are not breathing in the virus.

“It is critical to emphasize that maintaining 6-foot social distancing remains important to slowing the spread of the virus.”³⁹

³⁷ AEI, *Roadmap*, at 6

³⁸ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

³⁹ *Id.*



VI. PARTNERING WITH OUR BUSINESS COMMUNITY

Maryland’s economic recovery is going to require input from a diverse array of businesses. These industries will have to make sure that they can reopen safely. As part of this effort, the Administration is ensuring that Maryland’s business and industrial community is able to interface with public health experts in order to create ways to get Marylanders back to work safely and efficiently.

Every industry and business group will need to consider the economic, medical, and societal factors surrounding reopening. The Administration stands ready to link with these groups to create unified and detailed plans for recovery. These “**Safe Reopening Plans**” will be considered by the Administration to determine the time frame in which certain industries are capable of reopening.

At the Governor’s direction, the Maryland Department of Commerce formed 13 Industry Recovery Advisory Groups:

1. Retail
2. Accommodations
3. Sports
4. Restaurants and Bars
5. Attractions
6. Destinations
7. Tourism
8. Transportation
9. Manufacturing
10. Professional and Financial Services
11. Personal Services, and Small Business
12. Construction and Development
13. Arts

Each Industry Recovery Advisory Group has been meeting and is working closely with our Commerce Department. Each advisory group is developing recommendations and best practices for their own industries to responsibly operate. These recommendations also will be carefully reviewed by public health experts and the Governor’s Office.



In addition, the Governor formed two groups at the Governor’s Office of Community Initiatives to get valuable ongoing input during the recovery from religious groups and nonprofit organizations:

1. Faith-Based Organizations and Churches
2. Service Organizations and Nonprofits



VIII. OUR ROADMAP TO RECOVERY

1. The **Maryland Strong Roadmap to Recovery** is divided into three stages:
 - a. **Low Risk**
 - b. **Medium Risk**
 - c. **High Risk**
2. These stages are broad in character and contemplate being multi-phased within each stage. These sub-phases will be announced when the Governor determines gating benchmarks for the safe rollout of additional openings exist. Changes will necessarily be made to the plan throughout the implementation, in a safe manner, as warranted by public health and economic conditions.
3. The Roadmap contemplates offering some flexibility to health officers of county and municipal governments, and considering regional differences in COVID conditions, but within the parameters set forth by the Governor and his Administration for each stage and particular sub-phase.
 - a. In each stage, the State will evaluate which localities meet appropriate gating criteria based upon COVID+ rate in the jurisdiction and/or region.
 - b. In the event a locality has satisfied the gating criteria, county health officers will be permitted to expand the permitted activities and businesses under parameters of the current stage identified by the State. Note: the Roadmap also contemplates that county health officers may order local businesses and gathering places to restrict service or close if deemed to be operating in a manner dangerous to the public health, regardless of whether said business falls within a category generally opened statewide.
4. The Low/Medium/High delineation divides activities and businesses into categories designated by the AEI's *Guidance for Governors* report (and as adopted in the NGA's *Roadmap to Recovery: A Public Health Guide for Governors*) as having Medium or High "Modification Potential" to mitigate the risk of infection to protect individuals, and Low or Medium "Number of Contacts" or "Contact Intensity." Copies of both the AEI and NGA reports are incorporated herein as general guidance as appendices to this Roadmap.



5. The Governor will receive industry-specific input on an ongoing basis from the Commerce Secretary's various Industry Recovery Advisory Groups, the religious institution advisory group, the nonprofit advisory group, and from his own team of medical, business and economic experts.
6. The Governor will continue consulting with the State Superintendent of Schools, as well as area school superintendents, to evaluate the safe use of educational and child care facilities throughout Maryland.
7. As stated above, the Roadmap expects that people currently teleworking shall continue to telework for the duration of the State of Emergency. The Roadmap also expects that physical distancing and masking requirements shall continue until the lifting of the State of Emergency
8. Low, Middle and High Risk stages:

A. LOW RISK

This is the first stage of the recovery, and involves business, community, religious, and quality of life improvements. Once the Governor determines that Maryland has a sufficient foundation using the Building Blocks and other benchmark metrics, the Governor will announce that Maryland is moving to this initial recovery stage.

The decisions on what "Low Risk" activities can resume will not be announced in whole as one package, but rather as a phased rollout over a period of time using the White House's recommended gating protocols.

While these first steps might feel slow, they are being made both with the input of business and medical leaders, and also designed to make sure that we are not recklessly exposing Marylanders to undue risk. These initial steps will focus on the broad category of "quality of life" improvements and will involve the lifting of the Governor's "Stay at Home" Order (and transitioning to encouraging a voluntary "Safer-at-Home" guidance).

It is important for Marylanders to realize that these lists are non-exclusive, and subject to change depending upon COVID conditions in the state.



1. Beyond lifting the “Stay-Home” Order, other examples of changes that could be implemented in this stage:
 - a. Small shops and certain small businesses
 - b. Curbside pickup and drop-off for businesses
 - c. Elective medical and dental procedures at ambulatory, outpatient, and medical offices
 - d. Limited attendance outdoor religious gatherings
 - e. Recreational boating, fishing, golf, tennis, hiking, and hunting
 - f. Car washes
 - g. Limited outdoor gym and fitness classes
 - h. Outdoor work with appropriate distancing measures
 - i. Some personal services

2. “Stop Signs”⁴⁰ requiring the easing to slow, stop, or even be reversed:
 - a. An unexpected increase in hospitalizations or a sustained increase in cases requiring intensive care.⁴¹
 - b. Indications that Marylanders are disregarding physical distancing guidelines. If people can maintain physical distancing for this period while we ramp-up testing and contact tracing, we have a much higher chance to open without a spike in cases.
 - c. 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. A sustained increase in cases over a period of five or more days may require the reimposition of some prior restrictions.⁴²

B. MEDIUM RISK

This will likely be a longer stage of the initial recovery, but will also be the stage when a large number of businesses and activities come back online. Any businesses that reopen during this period will need to comply with strict physical distancing and appropriate masking requirements. The stage includes numerous steps over many weeks towards recovery.

⁴⁰ Note: The “Stop Signs” are applicable throughout all phases of the recovery roadmap.

⁴¹ Three days of current COVID hospitalization rate percentage increases over the seven-day rolling average of current hospitalizations.

⁴² AEI, *Roadmap*, at 7–8.



This stage also contemplates the Governor again allowing some county health officers and local governments that meet appropriate gating criteria, and acting within parameters set by the Administration, to determine if it is appropriate to resume specified commerce and other activities within their jurisdictions.

Within this Stage, there will be sub-phases with capacity restrictions, again set by the gating protocols.

Examples of changes that could be implemented in this stage:

- a. Raising the cap on social gatherings
- b. Indoor gyms and fitness classes
- c. Childcare centers
- d. Transit schedules begin returning to normal
- e. Indoor religious gatherings
- f. Restaurants and bars with restrictions
- g. Elective and outpatient procedures at hospitals

C. HIGH RISK

These are the more ambitious and long-term goals. There is no realistic timeline yet from any of the scientific experts for achieving this level, as this requires either a widely available and FDA-approved vaccine or safe and effective therapeutics that can rescue patients with significant disease or prevent serious illness in those most at risk to reach a full return to normal conditions.⁴³

Commerce Industry Recovery Advisory Groups will submit “**Safe Reopen Plans**” for each sector of the economy designated as high risk for COVID spread. The plans will be carefully reviewed and vetted by our Maryland Strong Recovery Team to determine if it meets both public health and commerce needs. Like with the medium risk stage, the high risk stage will also have sub-phases with capacity restrictions/gating.

⁴³ AEI, *Roadmap*, at 9.



Examples of changes that could be implemented in this stage:

- a. Larger social gatherings
- b. High-capacity bars and restaurants
- c. Lessened restrictions on visits to nursing homes and hospitals
- d. Entertainment venues
- e. Larger religious gatherings



VIII. PARTNERING WITH LOCAL GOVERNMENTS AND SCHOOL SYSTEMS

Governor Hogan is committed to working with county and local leaders, as well as public health and education officials, to tailor a reopening approach that takes into account the diversity of Maryland. Since early in the crisis, the Governor and his team held conference calls with county and municipal leaders, elected officials, local public health officers, and school systems, to keep them informed and hear their concerns.

The National Governors' Association recommends that "[s]tatewide versus regional opening strategies will need to be considered by gauging economic and health impacts that are specific to each state. Governors can work with local officials to support a targeted approach to reopening that recognizes that different counties and jurisdictions have varying risk profiles."⁴⁴

Some regional (or county-by-county) approaches may be contemplated as the recovery moves forward. The fact that our State's local jurisdictions are not made up of rigid borders also weighs upon these decisions, as the mobility of both Marylanders and neighboring state residents allows for widespread travel - and also potential further spread of the virus - between counties and regions.

Moving forward, the Governor intends to continue using these vital partnerships and input from local leaders to allow for a nuanced and gradual reopening process that takes into account both local needs and the COVID rates of cases per 100,000 residents.

⁴⁴ NGA, *Roadmap*, at 24.