



October 20, 2020

The Honorable Robert Neall, Secretary of Health
Maryland Department of Health
201 West Preston Street
Baltimore, MD 21201

Dear Secretary Neall:

As Maryland begins making plans for how to allocate COVID-19 vaccinations to its Medicaid participants, we write to you in an effort to ensure that the allocation, distribution, and administration of the vaccine are based on safe, effective, efficient, and equitable processes which seek first to protect Maryland's most vulnerable populations. We urge you to include the intellectual/developmental disability and behavioral health disability communities in the populations prioritized for a vaccine, when it becomes available-- especially those residing and working in group homes and other residential settings overseen by the Developmental Disabilities Administration and the Behavioral Health Administration.

Recent guidance released by both the World Health Organization (WHO) and the National Academies of Sciences, Engineering and Medicine (NASEM), prioritize healthcare workers, those with underlying conditions that put them at high risk of severe COVID-19 disease or death, and older adults in densely populated settings. ([WHO Guidelines](#)) ([NASEM Guidelines](#)).

It is well documented that people with IDD and/or severe mental illness have long experienced structural health inequities, including social determinants that increase their overall health risk. Statistical evidence indicates that people with serious mental illness are at heightened risk of premature mortality ([WHO, Premature death among people with severe mental disorders](#)). Complications from and death rates due to COVID-19 for people with intellectual and developmental disabilities (IDD) are also disproportionately higher when compared to people without IDD (Turk, et al., 2020; Landes, et al., 2020).

Within these already high-risk communities, those residing in group homes and many congregate living settings are least able to physically distance from others due to their group residence and in some instances, due to the nature of their disability, and the vast majority are older adults. They are amongst the most vulnerable to the risk of contraction of COVID-19 as well as severity of illness, if contracted. Direct support staff who work in these congregate living settings provide a wide range of daily living supports including support with health-related tasks with exposures to aerosols and bodily fluids. Similar to staff in nursing homes, their occupation puts them and their families at a greatly increased risk for exposure to COVID.

Both of these populations fall within multiple designations of highest priority as outlined by national and global recommendations. We therefore urge Maryland to prioritize them specifically in formal plans elevated to the Center for Medicare and Medicaid Services (CMS) and guarantee access for these individuals in order to prevent further widening of already egregious health disparities for Maryland's most vulnerable populations.

The Community Behavioral Health Association of Maryland (CBH) and the Maryland Association of Community Services (MACS) recommend:

- Residents and direct support staff of group homes and congregate living settings under the administration of DDA and BHA be prioritized at the highest level, equal to staff and residents of Maryland nursing homes, to receive a COVID vaccination as soon as it becomes available.
- Individuals receiving day program services in group service settings overseen by BHA and DDA also receive prioritization of access to the COVID-19 vaccine.
- Prioritization shall grant voluntary access to the vaccine without mandate for staff or residents.

We remain enormously grateful for all of your work on behalf of Medicaid participants and those that serve them during this challenging time.

Sincerely,



Shannon Hall
Executive Director
Community Behavioral Health Association (CBH)



Laura Howell
Executive Director
Maryland Association of Community Services

CC: Jinlene Chan, M.D., Acting Deputy Secretary of Public Health
Rebecca Frechard, M.A., LCPC, Division Chief, Maryland Medicaid
Carol Beatty, Secretary, Maryland Department of Disabilities