

April 27, 2020

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, D.C. 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer:

Physical distancing and stay-at-home interventions are helping to flatten the curve of COVID-19's spread across the country. It is vital for that trend to continue, and for infections to drop to a controllable level. At the same time, it is important to begin to prepare to open up the American economy again and get Americans back to work - in a way that minimizes the risk of resurgence in cases, hospitalizations and deaths. We commend Congress and the Administration for the investment in the recent Paycheck Protection Program and Health Care Enhancement Act to increase testing capacity within states and across the country. We believe the next step is to complement that investment with the additional support required to allow states to track and isolate infected populations, which will be a vital part of safely reopening the economy.

We advocate for the following provisions to be included in the next available COVID-19 response legislation.

Key to reopening the economy: test, trace, and self-isolate

To begin to safely ease at-home measures, it is of paramount importance to be able to provide broad, timely testing for COVID-19; diagnose COVID-19 positive cases; enable infected individuals to self-isolate at home or voluntarily in other facilities (if home is not a safe option or if the individual is unsheltered); trace and alert those who have been exposed to an infected individual; and enable those exposed contacts to voluntarily self-isolate for 14 days after their last exposure to the infected person. This approach maximizes the chance new infections get contained before they turn into rapidly growing new outbreaks.

Significant attention has rightly been paid to the need to continue to ramp up the Nation's capacity to execute COVID-19 testing, including in the most recent legislation. That must continue as current testing capacity and accuracy must be improved. This can only be accomplished with the availability of adequate supplies and approvals of new high-speed, high-quality, fast tests by the FDA. We are writing to propose Congress take swift action in upcoming legislation to give states the funding necessary to scale up our nation's contact tracing ability and support voluntary self-isolation of infected and exposed individuals. This is fundamental to our ability to begin to reopen our economy while continuing to safeguard American lives.

Scaling up contact tracing and self-isolation capacity: public health necessity, economic stimulus

While contact tracing and voluntary self-isolation are well-established and successful public health approaches for selected communicable diseases, containing COVID-19 will require execution of these activities on an unprecedented scale throughout the United States, given the extent to which COVID-19 has spread and the speed and breadth with which it can continue to spread.

The existing public health system is currently capable of providing only a fraction of the contact tracing and voluntary self-isolation capacity required to meet the COVID-19 challenge. The country must establish a workforce and support investments to track and contain the spread of the virus, which in turn, would have the added benefit of acting as an economic stimulus and creator of new jobs.

1. Expansion of the contact tracing workforce. There have been a variety of estimates of how much the U.S. contact tracing workforce (operating under state and local management) needs to expand in order to help control COVID-19. All of them have concluded that a significant expansion is necessary. We believe the most reliable way to estimate the size of the workforce required is to size the contact tracing workload per case and multiply this by the number of daily cases. We estimate the necessary contract tracing workforce needs to be expanded by 180,000 until such time as a safe, effective vaccine is on the market. The workforce estimate assumes a continued but decreasing number of new cases. Contact tracing efforts in Massachusetts demonstrate that lay people can quickly be hired and trained, with 15,000 applications submitted for 1,000 positions within two weeks. The total funding required is estimated to be \$12 billion.

2. Voluntary self-isolation facilities utilizing vacant hotels. In order to prevent infection spread, we will need to offer individuals the opportunity to self-isolate for up to two weeks if they are unable to do so in their homes. There is substantial evidence that providing a voluntary option to safely isolate will help to dramatically reduce spread of infection to one's family and therefore the spread of infection overall. We believe 14 percent of infected individuals and exposed contacts will need such an option. Hotels are largely sitting idle at present and can provide local options for such voluntary self-isolation sites. Utilizing otherwise vacant hotels over the course of 18 months will both maximize the ability to contain COVID-19 and also provide a much-needed stimulus for the hospitality industry across the country as hotels deliver an essential public service. The total funding is estimated to be \$4.5 billion.

3. Income support for voluntary self-isolation. A key ingredient in maximizing the ability to contain COVID-19 is the ability to offer income support to individuals for whom loss of income during 14 days of voluntary self-isolation represents a prohibitive barrier to being able to self-isolate. We estimate 40 percent of individuals will need a measure of income support in order to be able to afford to voluntarily self-isolate. Paying these individuals a stipend of \$50 per day (analogous to federal jury duty) will greatly increase the success of containment efforts and the ability to maintain an expanded measure of openness in the economy. We estimate this income support will require approximately \$30 billion in funding over the course of 18 months.

4. Primary care provider referrals: Primary care physicians should be a referral source for testing and contact tracing. While additional dollars don't need to be allocated from Congress at this time, Congress should take steps to ensure the health of primary care practices and Medicare should establish a referral payment code for referring patients who test positive for Coronavirus to the proper contact tracing resources.

The total funding required to successfully contain the virus spread is estimated to be \$46.5 billion. We propose Congress authorize and appropriate this funding in the form of block grants to states and territories twice annually based on plans they submit to the Department of Health & Human Services with their projected case counts, testing capabilities, and as they are available, data tools for functions such as immunization tracking. All unspent funds returned to the federal Treasury at the time a vaccine is widely available and the virus contained.

While we believe this investment is necessary and has many collateral benefits, it is critical this investment is not simply a brute force workforce investment, but develops and creates a series of best practices, efficiencies and anonymized data that is shared across states, between mayors, and with the Centers for Disease Control. The CDC should coordinate and publish best practices on a regular basis. We also believe that these measures should be advanced in ways that are designed to protect people's privacies and their personal liberties.

We believe the direct impact of this investment, along with an adequate testing and containment infrastructure that links in health care providers and businesses, will have a significant economic impact, allowing Americans to get back to work safely and quickly, create employment, stabilize our healthcare system, and stimulate the hospitality sector. It is imperative that states and metropolitan areas are able to quickly begin and scale this important work, and we urge you to make this commitment as a part of the next stimulus legislation. States should also have the ability to use up to 10 percent of the funding for expenses directly supporting the success of this effort, such as training, public communications, and food delivery.

Control of the outbreak will constitute the strongest possible stimulus to the U.S. economy. We urge Congress to make this vital investment on behalf of the American people.

Sincerely,

*Andy Slavitt - Former Acting Administrator,
Centers for Medicare and Medicaid
Services and Founder/Board Chair, United
States of Care*

*Scott Gottlieb, MD - Former FDA
Commissioner*

*Larry Brilliant, MD MPH - President,
Pandefense Advisory and Chair, Advisory
board "Ending Pandemics". Former Chair
National Bio-surveillance Advisory
Subcommittee*

Atul Gawande, MD, MPH - CEO, Haven

*Tom Inglesby, MD - Director of the Center
for Health Security of the Johns Hopkins
Bloomberg School of Public Health*

*Bill Frist, MD - Former U.S. Senate Majority
Leader*

Juliette Kayyem, JD - *Belfer Senior Lecturer in International Security, Harvard Kennedy School*

Bob Kocher, MD - *Former Special Assistant to the President for Healthcare, National Economic Council*

Mike Leavitt - *Former Utah Governor and Secretary of the U.S. Department of Health & Human Services*

Mark McClellan, MD, PhD - *Former CMS and FDA Commissioner*

Farzad Mostashari, MD - *Founder, Aledade Inc and former National Coordinator for Health Information Technology*

Vivek Murthy, MD - *Former Surgeon General of the United States*

Michael Osterholm, PhD, MPH - *Regents Professor and Director, Center for Infectious Disease Research and Policy, University of Minnesota*

Joshua Sharfstein - *Vice Dean for Public Health Practice and Community Engagement, Johns Hopkins Bloomberg School of Public Health*

Eric Topol, MD - *Gary & Mary West Endowed Chair of Innovative Medicine, Scripps Research*

Leana Wen, MD MSc - *Visiting Professor of Health Policy and Management at George Washington University Milken School of Public Health; former Baltimore City Health Commissioner*

Cc: Honorable Members of the United States House of Representative
Honorable Members of the United States Senate