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June 26, 2020

U.S. Senate Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

Dear Chairman Alexander:

Thank you for this opportunity to provide feedback on the HELP Committee's white paper 'Preparing for the Next Pandemic.' On behalf of PolicyLab at Children's Hospital of Philadelphia, we offer the following input on what can be learned from the response to the current COVID-19 pandemic and recommendations for how we can be prepared to respond to a future pandemic.

The recommendations that follow are organized around the framework of the white paper as well as the guiding questions that were shared by the Committee where relevant.

Tests, Treatments and Vaccines – Accelerate Research and Development

Ensure effective AND equitable access to diagnostic testing, treatment and vaccines
An effective pandemic response by federal, state, local, tribal, and territorial governments, and the private sector requires acknowledging and addressing the inequitable impact of infectious disease, which we have seen clearly demonstrated in the COVID-19 pandemic. In order to drive an equitable response, it is essential to: 1) ensure access to diagnostic testing, including for vulnerable and marginalized groups; 2) ensure language access and cultural competence in testing and treatment outreach and delivery; 3) conduct robust data collection, analysis, and disaggregation to understand who is affected; and 4) maintain robust funding for scientific research.

Access to diagnostic testing
The COVID-19 pandemic has demonstrated the critical importance of robust testing strategies for understanding the scope of community disease transmission, helping infected individuals access appropriate treatment and support, and allowing society to safely re-open. However, access to diagnostic testing is inequitable and reflects underlying disparities in access to health care. Communities of color and immigrant populations are less likely to have health insurance or a usual source of care and more likely to forgo needed medical treatment.

In order to ensure access to diagnostic testing during a pandemic, federal, state, local, tribal, and territorial governments must **ensure that un- or under-insurance does not prevent individuals from accessing the care that they need**.

Recent federal legislation has partially addressed this issue by providing a means for health care providers to be reimbursed for testing and testing-related visits for individuals who are uninsured or underinsured. This funding includes the relief fund established by the Families First Coronavirus

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Response Act (FFCRA) to reimburse providers for testing and testing-related services and the option to create a new Medicaid eligibility category for uninsured individuals for testing and testing-related services with a 100% federal match. The Provider Relief Fund established in FFCRA and further funded in the Coronavirus Aid, Relief, and Economic Security (CARES) Act also provides some funding for COVID-related treatment for individuals who are uninsured. These new sources of funding for uninsured and underinsured individuals are a welcome step. To ensure their effectiveness, they must remain in place for the duration of the COVID-19 crisis and such measures could serve as models to ensure testing access during future pandemics.

Expanding access to COVID-19 testing also requires **expanding the number and type of sites where individuals may be tested**. Strategies may include mobile and pop-up testing sites which have been used successfully in Philadelphia to increase access for Black residents. In order to address the economic challenges and reduced access to care that many marginalized communities face, testing sites must also accept walk-up patients without requiring a prescription from a primary care provider. The federal government should support state, local, tribal and territorial governments as they adopt these and other testing strategies tailored to their geographic and demographic needs.

Furthermore, the federal government should **remove financial barriers to testing, treatment and vaccination for individuals who have health insurance**. Recent federal legislation also partially addressed these needs, including by eliminating cost sharing and prior authorization requirements, freezing eligibility standards for Medicaid, and expediting coverage of vaccines. These requirements should remain in place through the duration of the current crisis and could also serve as a model for rapid federal response to future pandemics. Ensuring equitable access to any future COVID-19 vaccination also requires addressing the barriers that drive lower vaccination rates among lower-income communities. Partnering with community-based organizations can help to address those disparities.

Although it is important to address access to care for individuals who are uninsured or underinsured, **it is also critical to work towards a system where all individuals have access to comprehensive and affordable health insurance**. As we are seeing play out in the current pandemic, a system in which health coverage is primarily tied to employment cracks during a time of surging unemployment. Without a robust system of health coverage in which people do not lose coverage with job loss and/or have affordable options if they do, the current disparities in health coverage access, quality and affordability will only continue and be exacerbated during times of crisis.

Language access and cultural competence
Patients with Limited English Proficiency (LEP) faced significant disparities in health outcomes before the COVID-19 pandemic. The current crisis is expected to increase these disparities, as these communities face language barriers that make it harder for them to receive accurate and up-to-date public health guidance and information, and receive COVID-19-related care (such as testing, contact tracing, and treatment procedures) in their preferred language.

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Utilizing trusted sources for communications is essential to ensuring that immigrant communities and other marginalized populations have access to testing and information on disease prevention. All entities participating in the COVID-19 response should have appropriate policies, resources and training to ensure meaningful language access. The federal government can leverage existing guides to implementing culturally and linguistically appropriate services when setting these standards.

Establishing robust testing strategies for immigrant populations also requires **ensuring that undocumented immigrants feel secure accessing the care that they need**. Organizations providing testing or conducting contact tracing should not cooperate with Immigration and Customs Enforcement (ICE) in any testing site or contract tracing operation. We welcome that COVID-19 testing and treatment are not subject to future consideration under the 'public charge' rule, but given the confusion about this rule, this is likely not well understood and causing individuals not to seek needed care.

Robust data collection, analysis, and disaggregation
Responding to a pandemic requires **understanding how it is affecting different demographic groups in order to better target a response**. We welcome the data collection requirements that the Department of Health and Human Services (HHS) has established for COVID-19 test reporting as authorized by the CARES Act, and recommend that these requirements be expanded and applied to all reporting of COVID-related cases, hospitalizations, and deaths.

Furthermore, broad ethnic categorizations may obscure disparities within ethnic groups. For instance, the commonly used classification of "Asian American and Pacific Islander" is overly broad and data collected under this label may not reflect disparities among vulnerable subgroups. We recommend that fields related to ethnicity include detail sufficient to distinguish among major ethnic subgroups.

In addition, reporting should include sexual orientation, gender identity and language preference. Pennsylvania has already announced that it will require collection of sexual orientation and gender identity for COVID-related data reporting, and Massachusetts will require reporting on whether individuals hospitalized for COVID-19 speak English as a second language. These are commendable steps toward more robust data collection and could serve as a model for federal requirements. Better data on the burden of disease for demographic groups will help federal, state and local governments respond to outbreaks more nimbly and reduce disparities in infections and severe outcomes for infectious diseases.

Maintain robust funding for scientific research
In order to support learning from the COVID-19 pandemic as a way to improve our response to future pandemics, the federal government must **maintain its commitment to scientific research, including related to public health**. Research funding supports critical work to not only understand, trea,t and cure emerging infectious diseases, but also to test public health best practices and understand health disparities.

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Disease Surveillance – Expand Ability to Detect, Identify, Model and Track Emerging Infectious Diseases

An effective response to emerging infectious diseases requires universal, low-barrier access to diagnostic testing, as discussed above, supported by ongoing disease surveillance, and support for individuals who need to quarantine or isolate as a result of exposure, including through access to paid sick leave. Local-level data modeling will also improve the ability to detect and respond to outbreaks.

Expand and improve public health surveillance of emerging infectious diseases
In order to make most efficient use of public health resources, public health agencies should **adopt a hybrid surveillance approach that incorporates passive and participatory surveillance and targeted testing and contact tracing activities**. As PolicyLab experts discussed in a recent blog post, this approach would:

- Leverage syndromic and participatory surveillance as the primary strategy for monitoring disease activity in the general population. Syndromic surveillance data sources can be expanded to include measures like telephone triage data and all-cause mortality to increase sensitivity. Participatory surveillance engages the public in reporting symptoms through internet-based plaforms or community health workers; platforms have already been established for COVID-19 self-reporting.
- Coordinate with non-governmental organizations conducting large-scale surveillance (e.g., employers, schools) to provide anonymized data feeds to state and local public health agencies, further expanding sources that could detect an increase in disease activity.
- Prioritize more intensive testing and contact tracing for frontline workers, individuals in congregate settings and medically high-risk individuals.
- Enable targeted, timely community-level quarantine.

Furthermore, public health agencies should **provide additional support to individuals in under-resourced and marginalized communities** to ensure that rising caseloads are quickly identified and individuals are supported in quarantine and isolation. For example, lack of trust in government and concern over immigration issues may deter immigrant groups from engaging in participatory surveillance. For these groups and other hard-to-reach populations, community-based direct outreach by trusted partners like community health workers may be more effective. Community partners can also address the inequitable burden of quarantine for lower-income individuals by ensuring access to economic and social supports, including food, safe space to shelter, and income supports.

Effective disease containment strategies like quarantine and isolation also require access to paid sick leave. Employees are more likely to report to work sick when they do not have access to paid sick days, increasing the likelihood of disease transmission in the workplace. Recent federal legislation temporarily expanded access to paid sick leave, a commendable step but one which leaves out many low-wage workers.

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<u>Support capabilities to conduct disease detection and monitoring at a local level</u>
Robust local-level data modeling can also help to identify emerging outbreaks and plan resource deployment. An interdisciplinary team from Children's Hospital of Philadelphia and the University of Pennsylvania <u>are tracking and projecting</u> the COVID-19 epidemic across 513 counties in the United States, providing a detailed picture of how COVID is spreading that policymakers can use to guide decisionmaking. However, more data, including timely local reporting on hospitalizations fed up to the state level, is <u>needed</u> to understand the extent of current community spread and potential strains on the health care system.

Public Health Capabilities – Improve State and Local Capacity to Respond

Federal, state, local, tribal, and territorial public health agencies are extremely underfunded. Routine underfunding **reduces these agencies' ability to conduct core public health work and leaves them underprepared for crises like COVID-19**.

To improve response capacity across all levels of government, Congress should **significantly increase annual appropriations to federal public health agencies in order to increase funding to state and local health departments**. Supplemental appropriations to support activities like <u>diagnostic testing</u> are important steps but insufficient to ensure capacity to meet ongoing and crisis public health needs.

Public health efforts were <u>$4.5 billion underfunded in 2019</u>. Furthermore, 17 states and Washington, DC redued their spending on public health in FY2018, including some states that decreased their spending by more than 10 percent. Local public health departments eliminated more than 55,000 positions between 2008 and 2017. Increasing public health investment and enabling it to lead preparedness and response activities will better position the country to navigate future infectious disease threats.

Thank you for taking the time to consider our feedback. We would be happy to discuss any of these topics in more detail with the Committee.

Sincerely,

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