



April 23, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

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

Sent Electronically

Dear Speaker Pelosi and Minority Leader McCarthy,

As members of the New Democrat Coalition, we are laser focused on growing the economic pie and making sure every American can get a piece of it. To get our businesses reopened, our workers back on the job, our students back in school, and our economy back on track, we must implement an evidence- and science-based National Recovery Strategy that prioritizes the continued mitigation and containment of COVID-19 alongside efforts to reopen the economy. As Congress continues its work to respond to and recover from the public health and economic impacts of the coronavirus, we ask that you work with us to prioritize the inclusion of a National Recovery Strategy in future legislative packages.

It is critical that as we prepare to ease current mitigation measures across the country, the United States pursues an evidence- and science-based coordinated National Recovery Strategy that establishes guidance for each stage or phase of reopening, and provides the tools and policies necessary for communities to reopen while continuing COVID-19 containment and mitigation. As part of this strategy, Congress must ensure all communities have the ability to (1) rapidly test every symptomatic case or those suspected to be exposed; (2) perform widespread surveillance and serological testing and understand how these tests can be used; and (3) trace all contacts of known cases. These tools will provide communities with the data they need to determine if the necessary criteria and thresholds have been met to implement each stage of reopening, and will give communities the necessary tools for COVID-19 containment as steps to reopen are taken. Proper surveillance and containment of COVID-19 is paramount to preventing a resurgent outbreak of infections and to ensuring a successful and lasting economic recovery.

Below are specific policy proposals that would help ensure states have accurate information on the extent of infections, immunity, and vulnerabilities in their communities, and have the capacity to prevent future outbreaks of COVID-19 when communities begin to reopen. We ask for their inclusion in subsequent legislative packages that address this outbreak.

Diagnostic Testing Strategy

States must have the ability to ensure their public health departments and health care providers can perform rapid, widespread diagnostic testing. The Edmond J. Safra Center for Ethics at Harvard University modeled how much testing will be necessary once the nation fully reopens (albeit with continued social distancing practices) to keep the virus at bay. They found that if we invest in precise contact tracing, either with extensive manual tracing or with near-universal adoption of certain technology used in other countries, we would need “approximately 11 tests for each case caught, or a total of 2.5 million tests per day.” With less precise tracing, we’d need “roughly 140 tests for each case caught or about 30 million tests per day.” According to the COVID Tracking Project, the United States is testing on average 149,000 people per day and has only tested 3.8 million in total.

Proposal: The Director of the Centers for Disease Control and Prevention (CDC), in coordination with the Federal Emergency Management Agency (FEMA) and other relevant agencies and outside stakeholders, should: (1) develop a target national number of tests per day, including the criteria for who should be assured a test, and (2) develop a transparent plan for how the federal government will ensure those tests are rapidly performed and processed, including assistance with securing necessary supplies such as PPE for health care personnel, swabs, and other equipment for sample collection.

Proposal: The Secretary of Health and Human Services, in coordination with the Centers for Medicare and Medicaid Services, the Indian Health Service, and the Health Resources and Services Administration, as well as the Secretary of Veterans Affairs and the Secretary of Defense shall report to Congress on the resources necessary to perform the testing modeled by the CDC above for populations covered by Federal health care programs.

Surveillance and Serology Strategy

Communities must also conduct surveillance testing to better identify community-level spread of the virus. This can be done both through traditional diagnostic tests that use nasal or throat swabs and through serologic blood tests.

Researchers are working to determine what quantity of antibodies in the blood conveys immunity, if a serologic test can reliably detect that amount, and how long such immunity lasts. Successful serologic tests could be used to “prove” an individual’s immunity, thus clearing them to return to work or school. The research on immunity to COVID-19 is ongoing, but this research should be prioritized and the discussion surrounding the logistical, ethical, and legal questions on proving immunity needs to start now.

Proposal: The CDC should provide formula grants to states for the purpose of surveillance testing. The CDC should also continue to conduct its own serologic studies.

Proposal: An interagency task force, composed of both administration and non-administration stakeholders, should be established to explore the possibility of using serologic tests to prove immunity. Non-administration participants should include the National Academies of Science, Engineering, and Medicine; state and local government officials; labor unions and other employee advocacy groups; health care providers and health systems officials; medical ethics experts; and other relevant stakeholders.

Contact Tracing Strategy

Until a vaccine is available, our best tool to slow the spread of COVID-19 is to rely on traditional and effective methods of infectious disease management. The foundation of this is contact tracing, and only by quickly finding and testing contacts of reported cases will we prevent another widespread outbreak like we are experiencing now. To ensure the public's participation and trust, this strategy must include appropriate privacy safeguards to protect Americans' health information.

This work is labor intensive, however, and when communities begin to reopen, state, territorial, tribal, and local public health departments will not have the capacity to conduct this work for COVID-19 in addition to the tracing they do every day for other diseases. The Johns Hopkins University Center for Health Security and the Association of State and Territorial Health Officials (ASTHO) estimate that an extra 100,000 contact tracers across the United States must be added to do this work; this is approximately 30 contact tracers per 100,000 people in the United States.

Proposal: States will vary in their abilities to increase their public health workforce, so a hybrid program could be created.

- (1) Hiring: We request at least \$5 billion for a national contact tracing workforce.
 - (A) For states that want to stand up this program themselves, or are already standing one up as Massachusetts is, emergency funding can be provided through the CDC for this specific purpose. According to JHU and ASTHO, the average pay for a community health worker is \$17 per hour. Using that hourly rate and assuming states would hire a contact tracing workforce full time for one year, states should be provided \$1.06 million per 100,000 population and an additional amount to administer the program.
 - (B) For states that do not want to stand up this program themselves, the Corporation for National and Community Service, which has experience hiring and deploying individuals as well as an established network of service programs nationwide, shall create a COVID-19 Response Corps that would hire contact tracers and work with the CDC to train and deploy them.
- (2) Health insurance: We request that these individuals, through the most efficient process, receive low-premium or no-premium health insurance by receiving eligibility to participate in states' or the federal government's health insurance systems.

Our economic recovery cannot undermine the hard work of our states, frontline workers, and health care providers combatting the coronavirus. Congress must put the measures and standards for a National Recovery Strategy in place now so that widespread, economically challenging countermeasures are not needed again. We thank you for your consideration of these proposals and look forward to continuing to work together. States and regions across the country are already starting to consider how they can safely reopen, and it is critical that Congress directs the federal government, in a science- and data-driven way, to provide guidance and resources for these recovery, mitigation, surveillance, containment, and contact tracing efforts.

Sincerely,



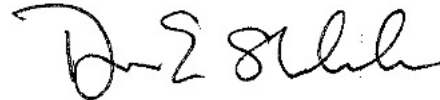
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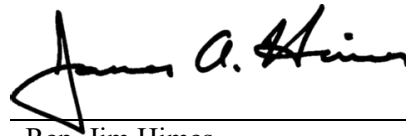
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