



Findings, Week 1 with Dr. Scott Gottlieb

Introduction

The COVID-19 Regional Recovery Task Force (RRTF) was established to address the needs of states in the Northeast as they prepare to relax their orders to shelter-in-place and re-open the region's economy. Working with leading experts in key fields, this task force will support new federal legislation tailored to get Americans back to work safely and to address critical questions facing the United States in the coming weeks and months, particularly in the Northeast.

Dr. Scott Gottlieb, resident fellow at the American Enterprise Institute (AEI) and former commissioner of the Food and Drug Administration (FDA), participated in the inaugural meeting of the task force. Below are key recommendations gleaned from the discussion.

Key Findings from Week 1:

1. **Congress can support state and local investments in mobile testing capabilities to reach high-risk communities and employees in work settings. Additionally, the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) could draft and release guidelines for businesses to safely remain operational when a COVID-19 positive case is identified.**

If testing is key to reopening, then it is vital to make it as easy as possible for individuals to access testing -- that means investing in mobile testing capabilities to reach high-risk communities and those at work by, for example, placing mobile testing units in the parking lots of grocery stores or office buildings.

Understanding that businesses may be incentivized *not* to test their employees should the ramifications always guarantee a closure, the CDC and CMS should come up with guidelines that clearly delineate circumstances that require a business to shut down, and circumstances where businesses can remain safely operational even if a positive case is identified.

2. **Congress should consider making an investment to ensure creation of a more robust contact tracing infrastructure and isolation facilities.**

Case-based intervention and contact tracing is standard public health practice for infectious diseases -- it is done routinely for multidrug-resistant tuberculosis and measles in order to prevent or mitigate outbreaks. Early on in the COVID-19 crisis, however, capabilities to identify and isolate individual cases, and then trace all contacts, were quickly overwhelmed as community spread resulted in a surge of cases. If the number of new cases declines to a manageable level (thousands of cases per day), then -- with additional support from the federal government -- state, local, and territorial health departments across the country will be able to

resume contact tracing and case-based intervention. A national effort will be required in order to scale and expand these capabilities before U.S. communities can begin to return to “normal.”

In a letter to Congressional leadership submitted on Monday, April 27, former CDC Commissioner Scott Gottlieb, former CMS Administrator Andy Slavitt, and several other experts estimate the contract tracing workforce needs to be expanded by 180,000 nationwide until a safe, effective vaccine is on the market (this assumes a continued but decreasing number of new cases). They estimate the total funding required will be \$12 billion.

The same letter also suggested federal support for voluntary self-isolation facilities utilizing vacant hotels, as well as income support for those who voluntarily isolate. Self-isolation is key to interrupting transmission, but not everyone has the financial flexibility to do so, and isolation is not always possible at home. With many hotels sitting idle at this time, these hotels are well-positioned to support isolation of identified cases and their contacts. A program to reopen hotels for this purpose would require an estimated \$4.5 billion over 18 months, which has the added benefit of providing a much-needed stimulus for the hospitality industry.

3. Congress and states should consider determining a plan for commuters who utilize mass transit. Mass transit authorities should examine social distancing measures as well as regularly clean surfaces with disinfectants.

As states look towards reopening certain businesses and settings, standard safety measures must be considered. The first concern is *how* people get to work. In the Northeast, commuters rely heavily on mass transit. Some data from superspreader events in Boston suggest that contaminated surfaces may be a more important route of transmission than respiratory droplets. Without a plan to ensure passenger safety, mass transit methods may expose the public to significantly higher risk. Mass transit authorities must determine a plan to ensure social distancing and regular cleaning of their facilities and equipment.

Conclusion:

A safe and lasting reopening of the economy can be achieved through a concerted effort on the parts of States and the Federal Government. However, without significantly increased access to testing, a robust plan for contact tracing and isolation, and a careful approach to reducing the spread of the virus through mass transit and other areas with the potential for large congregations of people, we are likely to quickly experience a second wave of outbreak. As such, Congress, the Administration, and States should examine the above findings. The RRTF stands ready to assist in these efforts.