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Re: Roadmap to Recovery: A Public Health Guide for Governors

Summary

On April 22, the National Governors Association (NGA) along with the Association of State and Territorial Health Officials (ASTHO) published a new report entitled, "Roadmap to Recovery: A Public Health Guide for Governors" (the "Report"). The Report provides recommendations to support governors and states in developing plans for a phased reopening of economic activities while protecting the public's health. The Report outlines two broad categories to recovery: (1) building the public health infrastructure and (2) creating and executing a plan to gradually reopen the economy. The phased approach includes ten key steps and related operational considerations. These steps will guide Governors' critical decisions in support of the public's health and well-being in the weeks and months ahead.

I.   Building the Public Health Infrastructure

The first category of the Report confirms the consensus among public health experts and federal leaders that preparing for the next phase of COVID-19 containment will require states to significantly scale up testing, surveillance, and the public health workforce necessary to identify active cases and limit the risk of outbreaks as economic functions gradually resume. The Report highlights the need for federal support, including to expand testing capacity and expansion of current public health infrastructures in states. The Report calls for the simultaneous implementation of the following five steps:

Step 1: Expand Testing Capacity and Make Testing Broadly Available

Widespread testing is required to treat and control infection. The Report emphasizes the current inadequate testing capacity and lists barriers to testing to include: (1) Shortages of critical supplies, including reagents, swabs, lancets, and machines; (2) Insufficient personal protective equipment (PPE) for healthcare workers performing specimen collection; (3) Maldistribution of supplies, owing to an uncoordinated supply chain; and (4) Mismatch between existing testing efforts and the most urgent needs, such as testing during outbreaks at nursing homes or of essential workers.

The Report recommends the following actions to expand testing capacity:
- Continuing to request that the federal government rapidly build testing capacity and coordinate distribution to states.
- Partnering with the federal government, commercial and academic entities to acquire testing equipment and supplies such as reagents, swabs and PPE.
- Exploring cooperative purchasing and distribution approaches.
- Directing state health agencies and other relevant agencies to identify and coordinate various testing efforts in the state across public, academic and private partners to determine capacity, match to need and deploy to areas of greatest need.

- Expanding access to multiple forms of tests and laboratory capacity to process tests through public and private laboratories.
- Pursuing public-private partnerships to establish drive-through and walk-up testing sites for wider access across communities.

Key Operational Considerations

The Report recommends that governors follow current [CDC recommendations](#) to prioritize groups for testing due to the limitations in testing capacity.

The Report recommends widely available testing before states move to later phases of a reopening strategy. The Report estimates the number of tests needed nationally range from "750,000 to tens of millions per week." However, the current U.S. testing capacity is approximately 12.1/1,000 people, significantly lower than the testing capacities of other nations such as Germany, Italy, and Iceland, South Korea, Taiwan and Singapore—which has contributed to their ability to control the spread of COVID-19.

The Report provides [resources](#) outlining supply chain challenges and strategies for pursuing additional test kits, supplies, and PPE. Additionally, the Report provides examples of models for expanding testing capacity, including drive-through and walk-up locations and utilizing emerging technology, such as point-of-care antigen testing and self-administered tests.

Regarding the role of antibody testing, the Report indicates that key scientific questions remain unanswered. As such, the Report encourages states to continue partnerships with academic institutions on studies that can provide greater clinical use of these tests and development of guidance or standards for reliable tests. The Report also warns the novelty of antibody testing could result in a variety of legal issues.

Step 2: Strengthen Public Health Surveillance to Understand the Spread of the Disease and Rapidly Detect Outbreaks

The Report recommends that states work closely with existing state and federal surveillance systems and expand state capacity to assess for potential COVID-19 spread, utilizing a broad range of data sources to provide real-time intelligence on the pandemic.

The Report outlines the following recommendations to strengthen surveillance systems:
- Charging state health agencies with building on foundational surveillance systems to coordinate multiple channels of data for decision making on COVID-19.
- Requiring COVID-19 data reporting that is needed but not already mandated for this system from laboratories, hospitals, ambulatory care settings and other locations.
- Supporting the technology needs for collection, analysis and reporting of time-sensitive testing and other clinical data to state health agencies with adherence to existing privacy and security frameworks.
- Developing other surveillance methodology such as obtaining information on employee absenteeism due to illness from the private sector.

Key Operational Considerations

The Report recommends that states expand on the reporting requirements for COVID-19 under the CARES Act for positive and negative tests. In particular, the Report recommends states to add reporting requirements to collect data on age, gender, race, and location in order to monitor the spread of the disease in different populations. The Report advises states to include surveillance of other indicators of COVID-19 activity including in nursing homes, assisted living, senior housing, jails, and prison settings.

The Report also recommends states facilitate the sharing of COVID-19 data by requiring new reporting, reiterating existing requirements or refining guidance where necessary to:
- Increase the number of entities reporting (e.g., laboratories, hospitals, ambulatory care setting);
- Increase and standardize electronic reporting;
- Standardize data collection;
- Improve timeliness of data reporting;
- Leverage existing data networks and available data;
- Leverage private/public partnerships; and
- Ensure privacy and security of all data.

Step 3: Dramatically Scale Capacity for Isolation, Contact Tracing, and Quarantine

The Report recommends a targeted approach to (i) isolate and monitor actively infected persons, (ii) identify and test (if needed) contacts of infected persons, and (iii) quarantine and monitor those contacts for 14 days.

The Report outlines the following recommendations to support a dramatic scaling of isolation:
- Direct state health agencies to determine what contact tracing and disease investigation capacity already exists at the state and local level to determine what will be needed for expansion.
- Remove barriers and mobilizing resources, under public health emergency authorities if necessary, for directly hiring staff or collaborating with private sector entities (such as health systems) to hire staff and coordinate outreach activities.
- Work with public and private sector leaders to identify sources of contact tracing staff (e.g., municipal workers such as librarians or other technical professionals; healthcare professionals; census workers; students; and others).
- Develop policies for monitoring isolated COVID-19 cases or quarantined contacts and providing wrap-around services to support individuals in isolation and quarantine, to include alternative housing if needed, food and medication delivery, and other services.
- Ensuring the right technologies and data tools are in place to provide case management services, monitor isolation and quarantine activities and measure outcomes of large-scale contact tracing.

Key Operational Considerations

The Report recommends that states consider deploying contact tracing teams of varying combinations in three groups: (1) entry-level, "lay" and paraprofessional contact investigators, (2)

professional disease investigation specialists (DIS), and (3) advanced response professionals, including epidemiologists, clinical and medical specialists and potential federal service officers or members.

The Report notes that ASTHO requested $3.6 billion in emergency funding from Congress for an estimated 100,000-person workforce nationally, using a $17 per hour base pay rate. The Report highlights the need for funding to support services for individuals who may require assistance to comply with isolation and quarantine, such as health, housing and nutrition services as well as for any technology or data tools, among other COVID-19 related costs.

The Report recommends that states partner with contact tracing organizations and colleges and universities to serve as an expanded public health workforce. Additionally, the Report encourages states to consider smartphone apps and web-based tools to securely help individuals who come into contact with COVID-19 positive individuals and monitor their systems. The Report cites a mobile app announced by Governor Burgum of North Dakota as an example of virtual contact tracing. The Report also emphasizes the role states must play to provide critical services that enable isolation and quarantine, which may include relocation to alternative locations such as repurposed hotels, dormitories, or military barracks. These facilities would serve individuals in need of stable housing or those unable to isolate or quarantine effectively at home and provide access to medical care, food, childcare and other needs and basic financial support for the period of isolation and quarantine.

Step 4: Ensure the State's Healthcare System Can Respond to Potential Surges

The Report recommends that states ensure their healthcare systems are out of crisis mode and able to handle potential new surges in COVID-19 patients–including non-COVID-19 related services in preparation for the gradual reopening of the economy. The Report recommends that governors consider the following to ensure healthcare system capacity:

- Developing metrics to assess the healthcare system's ability to safely treat both COVID-19 patients and all other patients requiring care without resorting to crisis standards of care.
- Requiring healthcare providers to continuously report on numbers of healthcare worker infections, number of hospital beds, and levels of PPE and other medical equipment (such as ventilators) across the healthcare system.
- Partnering with industry and academic institutions to support PPE manufacturing. Removing regulatory barriers to establishing alternative sites of care or repurposing existing sites to serve COVID-19 patients in a surge.
- Expanding the pool of in-state and out-of-state licensed health care providers, expanding the use of telehealth, and ensuring appropriate liability protections.
- Expanding support for healthcare workers, including services such as childcare and eldercare.

Key Operational Considerations

The Report identifies varying levels of hospital surge that states should prepare for, including the ability to expand critical care beds in hospitals from 2.8 to 5-7 beds per 10,000 adults with accompanying staffing, PPE, equipment, oxygen and medication. These parameters include a hospital's ability to expand ventilator access to at least 5-7 ventilators per 10,000 adults, accompanied by adequate staffing and supplies. It also urges hospitals to maintain access to acute

care hospital beds of at least 30 per 10,000 adults with planning for flexible use of these beds, in addition to providing mobile health care infrastructures. The Report includes methods states can use to assess hospital capacity and capacity to care for patients with non-COVID-19 conditions, including partnering with healthcare systems, hospital associations, emergency management agencies, and community-based providers. The Report recommends several strategies on building workforce capacity, including expanding access to out-of-state licensed health care providers and telehealth, easing in-state licensure requirements, and expanding the pool of clinical and nonclinical health care workers by expanding scope of practice.

Step 5: Protect Essential Workers and At-Risk Populations

The Report cautions that opening public spaces will create an increased risk of community transmission. Those most at risk include healthcare workers, first responders and other essential workers in contact with the public; older adults living in nursing homes, assisted living, and senior housing; racial and ethnic minorities; justice-involved populations; people experiencing homelessness; and, people with disabilities and living in state institutions, group homes, and other congregate settings.

The Report provides the following recommendations to protect those at higher risk:
- Designating a lead agency to develop and implement a strategy for older adults that includes establishing preventive standards, expanding the availability of home health care, providing wraparound nutrition and mental health services, and standing up a strike team to respond to outbreaks of disease.
- Developing standards for the protection of essential workers in contact with the public, including access to PPE, cleaning supplies, and sick leave benefits.
- Appointing an advisory committee on emerging racial disparities in COVID-19 deaths with representation from affected communities.
- Implementing early release or utilizing alternatives to incarceration consistent with public safety to reduce crowding in correctional facilities, and identify supports in the community, while taking steps to reduce in-person contact points for those inside facilities.
- Appointing an advisory committee to address unique needs of the disabled, homeless, and other communities with access and functional challenges with representation from affected communities.

Key Operational Considerations

The Report recommends that states assemble infection control experts, access to critical testing and supplies, and support for evacuation from the National Guard or other similar resources to respond to critical incidents. The Report also advises states to set standards for different categories of workers to ensure their safety and further advises states to redesign the work environment, provide hazard pay, provide supplies for cleaning, provide access to recommended masks, and include sick leave benefits.

The Report advises states to consider the CDC's PPE Burn Rate Calculator for facilities to assess ongoing PPE needs. In addition, the Report recommends that states refer to the new regulatory requirements from the Centers for Medicare and Medicaid Services (CMS) that require nursing homes to inform residents, their families and representatives of COVID-19 cases in their facilities. The Report gives examples of several states that have secured additional funding through the

Medicaid program to support providers and caregivers serving older adults and individuals with disabilities.

The Report highlights the significant disparities in rates of COVID-19 death by race, which is particularly affecting African Americans. The Report recommends states address these disparities by measuring them in a culturally-informed manner. The Report suggests states may expand on the reporting of COVID-19's impact on different races by relying on the healthcare systems in their state that are able to track and provide these data more effectively, developing pathways for COVID-19 testing and services to undocumented populations or people without access to healthcare services, setting standards for protection of essential workers, offering support such as food delivery (or even hotel stays) for people who must isolate or quarantine, and partnering with community leaders to ensure strong communication, engagement, and planning.

To reduce the chance of outbreaks among individuals experiencing homelessness, the Report recommends that states take the following steps: (i) waive certain regulatory barriers for any shelters or facilities, (ii) direct state, local and private sector partners to transition sheltered homeless individuals into alternative housing that allows for adequate social distancing, (iii) direct social service agencies to continue providing basic food, water, shelter and hygiene needs, (iv) assist localities in partnering with the commercial sector to secure temporary housing with a plan for separate locations for people who test positive; and (v) include underutilized community-based providers to engage the population in mitigation approaches.

The Report also provides resources and strategies for reducing the risk of infection for incarcerated populations, including implementing early release for individuals who are medically compromised or with low-level, non-violent offenses, as well as offering alternatives to incarceration for pre-trial individuals.

II. Creating and Executing a Plan to Gradually Reopen the Economy

The second category identifies important steps for governors to protect the public's health during long-term economic recovery; several economic considerations, however, remain unaddressed in this Report.

Step 6: Develop a Strong and Clear Communication and Public Engagement Plan

To communicate and engage effectively with the public, the Report recommends that governors consider the following:

- Regularly holding press conferences to explain the status of the pandemic and key steps being taken to protect the public.
- Creating the opportunity for extensive public engagement about plans for reopening the economy.
- Collaborating with other trusted individuals, including physicians, nurses, business leaders, public health experts, community leaders, non-profit organizations, faith leaders as well as persons from communities who have recovered from COVID-19 infection.

Key Operational Considerations

The Report relies on the CDC's guide to communication during a public health crisis that recommends communication with communities impacted by COVID-19 and encourages governors to build important communication partnership with the private sector.

The Report notes that despite many potential treatments and vaccines for COVID-19, none have yet been demonstrated as safe and effective. The Report recommends that governors and state health officials explain to their communities the status of treatments available for COVID-19 and the lack of information on the benefits and harms of such treatments.

Step 7: Create a Framework for Reopening

The Report highlights the following key factors to reopen the economy:
- Communicating a consistent description of the ongoing challenge of COVID-19;
- Providing evidence on the effectiveness of social distancing to date;
- Collecting data on COVID-19 spread;
- Emphasizing the importance of testing, isolation, contact tracing, and quarantine;
- Defining specific measures to assess readiness for reopening;
- Establishing criteria to be used for moving between phases of response;
- Determining how the state will assess for a resurgence of COVID-19; and
- Anticipating the potential necessity of returning to tighter community control measures.

The Report highlights governors who have taken several positive actions to encourage a cohesive response and minimize public confusion or frustration. For example, some governors have successfully employed the use of regional coalitions. The Report recommends governors to consider the following when developing a framework for reopening their respective states:
- Creating a process for ongoing public input and engagement, including the potential designation of a broad-based task force or advisory committee.
- Regionalizing approaches to recovery by collaborating with neighboring states. Communicating clearly about the framework and what it means for individuals, businesses, and communities.
- Developing a public facing dashboard of key metrics to inform the implementation of the framework.
- Leveraging the established framework as a foundation for a longer-term economic recovery plan and beginning to identify future goals.

Key Operational Considerations

The Report recommends the inclusion of a broad range of stakeholders in efforts to develop and implement the framework for reopening, including public health officials, employers, representative from at-risk communities among others. In addition, as part of plans for reopening, the Report advises states to consider developing goals and indictors to inform decisions on loosening and tightening social distancing. The Report also urges states to develop a plan for addressing interstate travel and tourism, including both intra- and inter-state travel that may have a high incidence of COVID-19 transmission.

Step 8: Set the Criteria and Define the Stages for Reopening

The Report provides governors to consider the following to set the criteria and stages of reopening:
- Identifying key public health and preparedness capability metrics for initiating the process of reopening.
- Setting a length of time to ensure that there is no surge in cases before proceeding to the next level of social distancing.
- Developing clear public health criteria for when social distancing criteria may be loosened or tightened.
- Prioritizing public and private activities for different stages of reopening.

Key Operational Considerations

In general, the Report recommends states first build the public health infrastructure for effective surveillance, isolation, contact tracing, and quarantine to begin to reopen the economy. Appendix A of the Report summarizes federal and key expert recommendations for reopening and Appendix B of the Report outlines a list of potential goals and criteria that states may consider when identifying how to determine readiness for gradual reopening.

The Report highlights how states could assess the risk of different activities, including modification of certain activities to include telework, increased number of shifts, curbside customer interaction, hands free technology, the ability to distance customers and the ability to distance staff. The Report further recommends states to prioritize certain activities (return to work and school, for example) over other activities (such as large indoor concerts) based on their economic and public health impacts. Additionally, the Report encourages governors to work with local officials to support a targeted approach to reopening based on varying risk profiles of jurisdictions.

Step 9: Build Partnerships Between Public and Private Sectors to Implement the Plan

The Report recommends states to partner with businesses and local governments in identifying what activities will be permitted at each stage, as well as mitigation measures to reduce the risk of activities in public settings. The Report emphasizes the need to combine public engagement with appropriate tools and mandates to ensure effective implementation. The Report cites Pennsylvania's order to require essential employees to wear cloth masks as one example of an effective implementation.

The Report provides that governors consider the following set of criteria and stages of reopening:
- Developing and promoting tools to help public and private organizations reduce their risks of COVID-19 transmission and respond to early signs of outbreaks.
- Setting standards for reporting on the progress of reopening, such as COVID-19 infections and employee absenteeism.
- Reopening key public functions, such as the court system and motor vehicle administration.
- Assigning liaisons to key business groups such as Business Roundtables, Chambers of Commerce, or other key organizations and establishing clear feedback loops to support reopening and ongoing assessment of the reopening process.

Key Operational Considerations

The Report recommends that states create a template or checklist to help agencies and businesses reopen, focusing on the following key areas: physical distancing, engineering controls, administrative controls, and PPE. The Report also refers to the White House Coronavirus Taskforce's reopening

guidelines to develop appropriate policies to protect workplace safety. The Report advises public agencies and private businesses to identify modifications that are compliant with existing federal and state laws for the above-mentioned checklist. In particular, for high-risk activities, the Report recommends states to consider requiring the submission and approval of plans for reopening. The Report also advises states to consider encouraging or requiring both public agencies and private employers to report on the number of known cases of COVID-19, number of workers out for isolation and quarantine, and general employee absenteeism for illness. The Report refers to the CDC for additional guidance for businesses.

Step 10: Prepare to Reassess and Improve the Plan Frequently

The Report recommends that governors consider the following actions in assessing and improving plans for reopening:

- Emphasizing the dynamic nature of the process and the need for recalibration.
- Running through table-top exercises with state agencies to continuously update and test the plan.
- Continuing to engage stakeholders (such as a taskforce or advisory committee) to inform and reassess the plan on a periodic basis and identify needed changes to the plan.

Key Operational Considerations

According to the Report, the measure of success during the reopening of the economy will greatly depend on the ability of states to move from one stage of loosening requirements to another. Further, moving between stages will need to be done safely and in a way that improves public confidence and supports increased economic activity.

From a public health perspective, the Report defines success to include the ability to recognize the threat of a resurgence of cases and then acting quickly to prevent significant harm, even if these steps involve a temporary slowing down of the economy.

The Report also notes that success requires maintaining public confidence in the state's response and inspiring communal action during new challenges and periods of uncertainty.