



June 26, 2020

The Honorable Lamar Alexander  
Chairman, Senate Health, Education, Labor and Pensions Committee  
428 Senate Dirksen Office Building  
Washington, DC 20510

RE: Preparing for the Next Pandemic

Dear Chairman Alexander:

On behalf of Nemours, thank you for the opportunity to submit suggestions as you work to draft legislation to better equip our federal government to respond effectively and efficiently to emerging public health threats and future pandemics. Nemours commends your leadership in ensuring that the nation learns from the experience of the COVID-19 pandemic and implements appropriate and necessary policy changes to better prepare us for the future. In addition, thank you for your role in advancing multiple relief packages, including the CARES Act (P.L. 116-136), which has helped to mitigate the many impacts of the COVID-19 pandemic.

Nemours is an internationally recognized children's health system that owns and operates the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Del., and Nemours Children's Hospital in Orlando, Fla., along with outpatient facilities in five states, delivering pediatric



needs of pediatric patients, providers and the environments in which children live, learn, and play.

2. **Improve and provide better guidance around the stockpiling and procurement of personal protective equipment (PPE), testing kits, and other supplies, and align hospital preparedness regulations with these processes.**
3. **Support the Medicaid program and Medicaid providers by providing additional funding to Medicaid programs to effectively serve patient families during times of increased and critical need, and ensuring prop hospitals.**
4. **Make permanent many of the expanded telehealth policies and ensure that broadband technology reaches communities of all types, whether rural or urban underserved.**
5. **Infuse all policies with a health equity lens to ensure that disparities in access, outcomes, mortality, and community spread are recognized and addressed, not exacerbated.**

## **RECOMMENDATIONS FOR CONGRESS**

### Consider and Include Children as a Critical Demographic

Though COVID-19 has so far appeared to more greatly impact the adult population, historically children have been far more vulnerable to emerging pathogens and pandemics. Examples include various forms of influenza and virtually all of the illnesses for which children in the U.S. currently receive vaccinations. A broad outbreak of these or similar conditions could disproportionately affect children. Not only do children typically experience greater disease impact, the environments in which they learn and play often increase exposure to pathogens, making children more likely vectors of disease.

While questions remain about COVID-19 specifically, pandemic disease transmission is fairly straightforward. Most often, pandemics that cause significant mortality and spread will involve pathogens that attack the respiratory system. Because children congregate in large numbers at school, and/or are in close contact in child care, pandemic respiratory illness typically spreads more rapidly among them, although COVID-19 appears to be an exception. In addition, children are typically exposed to other families (through other children), and are therefore at higher risk of contracting disease.

**As a result, future pandemic preparedness and response policies should:**

1. **Increase focus on epidemiology among children as vectors of disease, and consider implementing contact tracing in places where children spend the most time: schools and child care.**
2. **Carefully consider the most effective ways to mitigate community spread by developing effective policies for schools and child care centers, while working to address the challenges children and families face when schools and child care centers are closed.**
3. **Develop research programs to explore the impact of alternative education modalities (distance/virtual learning) and school calendars (year-round school, more frequent school calendar breaks of at least 2 weeks duration throughout the year,**



split student bodies with alternating attendance/break calendars) on current seasonal outbreaks and educational achievement.

4. **Develop research programs to explore the efficacy and efficiency of child care providers assisting in the dissemination and understanding of information from ge, uptake, and best practice implementation as it relates to outbreaks.**
5. **Ensure that the National Institutes of Health (NIH) prioritizes research focused on the impact of the novel coronavirus and other future pandemics on children and adolescents.**

Better Coordinate Procurement of Personal Protective Equipment (PPE), Testing and Supplies

As has been widely reported, procuring adequate supplies of PPE, testing materials and other critical items such as disinfectant wipes has been very challenging for hospitals across the country. Our hospitals are no exception. We have been challenged to identify the various types of PPE needed, gain access to those items, and find ways to share inventory with other hospitals in our area rather than competing to obtain critical supplies needed to keep our providers and patients safe.

Our hospitals, located in two different states, have had widely variable experiences with state stockpiles; one of our states has no stockpile at all, meaning we have no backup supply chain. We have faced critical shortages on items such as rapid tests, swabs and viral transport media. As hospitals begin to reopen and provide a broader array of care (e.g. elective procedures), these shortages will be amplified.

The Committee expressed interest in understanding whether hospitals could play a role in stockpiling supplies. While we already work to keep enouies

1. **Enhancing communication and coordination among federal agencies, state and local governments, third party vendors, hospitals and other providers, and the public regarding activities around stockpiling and testing.**
2. **Providing clear and ongoing guidance with regard to the status of the Strategic National Stockpile and how to access supplies.**
3. **Harmonizing federal and state regulations and guidance to be mutually supportive and better aligned.**
4. **Developing federal standards and guidance around reusable PPE and supplies.**

With regard to testing, there is also continued confusion around testing personnel, test acquisition and testing accuracy (specifically related to COVID-19) which must be resolved. However, more generally, we point out that while testing will follow the same methodology in virtually all pandemics/pathogens, commercial vendors develop patentable devices and ancillaries that can preclude interoperability and limit healthcare providers ability to ensure capacity by developing redundant sourcing options. **We recommend:**

1. **Accumulation/stockpiling of testing infrastructure for Polymerase Chain Reaction (PCR)**



CARES Act, and states, with the help of HHS, have issued temporary waivers to relax existing policy barriers to telehealth. These temporary policies and waivers reflect long sought changes and have demonstrated what is possible when the potential of telehealth is unleashed. At the same time, more work needs to be done in this area to further expand access to telehealth and ensure that providers and patients have the information, coverage, reimbursement and broadband access necessary to seamlessly transition between in-person and telehealth care.

To support patients and providers in the use of telehealth, **we recommend working with the Finance Committee to:**

- 1. Make permanent many of the temporary policies and waivers that allowed patients to access telehealth during the COVID-19 pandemic. Examples include:**
  - a. Expanding the places where telemedicine can be provided;**
  - b. Expanding the providers who can provide telemedicine services.**
- 2. Work with CMS to encourage states to develop regional licensure reciprocity agreements so that patients have access to their providers and specialists during non-emergency times. State licensure compacts, while promising tools for expanding not achieve licensure reciprocity.**
- 3. Require coverage and payment provided coverage and**



**should include authorizing CMS planning grants to states and providers to support capacity-building and the design of holistic value-based pediatric models.**

Infuse All Policies with a Healthy Equity Lens

Early data on the impact of COVID-19 demonstrates that disease spread and impact disproportionately affect communities of color and those with low socio-economic status (SES). Despite higher infection rates, communities of color are typically more difficult to surveil because of mistrust and varying levels of language and health literacy.<sup>2</sup>

In many ways, the COVID-19 response has not adequately addressed

**For COVID-19 and future pandemics, we recommend:**

- 1. Infusing equity as a critical element of every health policy. This includes requirements around the development of health disparities reduction metrics, targeted allocation of resources to promote health equity, and focusing research on health equity, as described below.**
- 2. Developing a pandemic response plan that focuses research and resources on underserved and/or high-risk communities that are at the highest risk of disease**