

April 29, 2020

The Honorable Alex M. Azar II  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Azar:

As states and localities across the nation develop plans to reopen their economies, the need for effective and scalable diagnostic testing capacity has become increasingly urgent. While significant gaps remain, Congress took a monumental step towards addressing these challenges last week through a historic \$25 billion investment in our testing infrastructure. Moreover, by affording state and federal policymakers substantial discretion in how to allocate these funds, we have allowed for flexible and adaptive solutions that can respond to both existing hurdles and new ones that emerge in the coming weeks and months. As you work with state and local leaders, along with other federal officials, to allocate the testing-focused funding appropriated through the Paycheck Protection Program and Health Care Enhancement Act, I ask that you prioritize, among other areas, rapid point-of-care testing capacity for long-term care facilities and other providers serving disproportionately older Americans, as well as expanded testing access for communities of color and populations with a high prevalence of underlying health conditions.

Studies from across the globe continue to confirm that seniors who contract COVID-19 face a troublingly high risk of severe illness, making safety and surveillance initiatives at long-term care facilities and other providers serving our seniors all the more imperative. According to data released last week, up to 50% of COVID-19-related fatalities in Europe were residents of long-term care facilities. In the U.S., the Kaiser Family Foundation recently reported that, among states that reported relevant data points, long-term care facility residents and staff accounted for roughly 27% of COVID-19-related deaths and 11% of cases. In six states, fatalities in these facilities made up more than half of all deaths attributed to COVID-19. Fortunately, emerging research suggests that more proactive testing policies and enhanced access could meaningfully reduce these unnerving figures. Recent modeling spearheaded by Imperial College London, for instance, found that using rapid point-of-care tests to screen nursing home and healthcare workers every week could reduce these individuals' contribution to transmission by around 25%. While restrictions on visits and other infection control measures will play a valuable role in preventing further outbreaks at senior care facilities, providers that serve substantial shares of older Americans need consistent and sustainable access to high-quality rapid point-of-care tests in order to immediately identify and address potential COVID-19 cases.

In addition to prioritizing providers caring for older Americans, I ask that you allocate robust resources to building testing capacity among underserved communities, communities of color, and communities with a high prevalence of health conditions linked to severe COVID-19-related illness and death. As reported by CDC, data from the COVID-NET surveillance initiative showed that close to 90% of hospitalized COVID-19 patients in the catchment population had at least one underlying health

condition. Among other common comorbidities, nearly half of hospitalized patients had hypertension, while more than one-quarter had diabetes, and close to one-fifth had asthma. Many of these conditions disproportionately affect people of color and lower-income Americans. While the majority of cases reported to CDC still appear to omit data on race and ethnicity, preliminary national data, supplementary surveillance efforts, and state- and county-level figures continue to indicate that African Americans are overrepresented among hospitalized patient populations and fatalities, as well as cases in general. With these disparities and heightened health risks in mind, I ask that you work to leverage safety-net providers like community health centers, along with drive-through testing sites and other appropriate models, to expand testing among communities of color and communities with a high prevalence of underlying health conditions linked to severe COVID-19-related illness and mortality.

Furthermore, the Department should target additional tests, as well as testing-related resources and equipment, to states currently experiencing capacity constraints. The “Testing Overview” published by the Administration this week included South Carolina among the eight states with the lowest monthly testing capacity per 1,000 people. Our state’s Department of Health and Environmental Control (DHEC) projected on Monday that there were likely 40,000 COVID-19 cases across the state, roughly 613% higher than the confirmed case total at that point. While private labs and innovative test development have spurred some improvement in recent weeks, access remains limited, and support from Congress’s recent appropriations could prove critical.

Allocating substantial portions of an unprecedented \$25 billion federal investment will represent a challenging undertaking, and sustained engagement with relevant leaders, stakeholders, and experts at the local, state, and federal level will prove essential as you seek to balance diverse policy priorities. The Administration’s reported commitment to deliver the supplies needed to test at least two percent of every state’s population demonstrates a clear recognition of the type of bold action required to meet ongoing capacity needs. Our nation’s seniors, as well as vulnerable and underserved populations across the country, merit significant attention as these tests are distributed and as funding allocations move forward. I look forward to working with you and other federal leaders to ensure appropriate allocations for these and other priority areas.

Sincerely,



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Tim Scott  
United States Senator