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CALIFORNIA CONGRESSIONAL DELEGATION

Dear Members of Congress:

With cases of COVID-19 having been diagnosed initially in China and now in 50 countries and with significant transmission outside of China including in Italy, South Korea, Japan, and Iran – it is imperative that the United States immediately take every action possible to contain the spread of this virus. California is a particularly important state in the fight against COVID-19 given its geographic location, size, and connection to the global economy. A successful containment and response effort will require an all of government coordinated approach and a robust federal investment.

The University of California (UC) Health System – comprised of five nationally-acclaimed medical centers at Davis, Irvine, Los Angeles, San Diego, and San Francisco, along with 19 health professional schools and student health centers at all 10 campuses – is a global leader in infectious disease research and is on the front lines of providing health care services to patients in California and the United States who may be symptomatic or asymptomatic of COVID-19.

To date, UC medical facilities are treating or have treated six patients diagnosed with COVID-19, providing them with highly specialized medical services. In addition, we have also had more than 30 patients under investigation. We also have approximately 100 health care workers and a dozen students or trainees on our campuses who have been or are being monitored for COVID-19 exposure.

UC Health is committed to ensuring that our medical centers have access to appropriate infrastructure, supplies, staff, and medical technologies necessary to fully and adequately address the COVID-19 pandemic, including UC's role in supporting California community hospitals and organizations as they address this urgent and complex issue. This will require federal financial support in the form of reimbursement for the activities, equipment, supplies, training, and infrastructure that will allow us to continue to provide lifesaving health care delivery.

Our response will also require the ability for hospitals to test patients quickly and on-site, to ramp up domestic production of public health medical equipment and supplies as our nation's stockpile is depleted, to remove barriers that would prevent rapid deployment of new diagnostics, and other forms of research that can help protect Americans from emergent infectious diseases.

The Trump Administration has proposed redirecting \$1 billion from an Ebola preparedness account at the Department of Health and Human Services (HHS), and appropriating an additional \$1.5 billion, to address this crisis. Given that Congress appropriated \$7.65 billion to HHS in 2009 to combat the H1N1 virus, this proposal would appear to be grossly insufficient to address all aspects of a successful U.S. response.

As Congress develops an emergency spending bill to address COVID-19, the University of California asks that you consider the following requests:

Reimbursement to states and local governments

- California is the hub for two major international airports and is the most populous state in the nation, with the fifth largest economy in the world. UC Health is – and will remain – on the front lines of treating this pandemic. The ability of UC Health to function through this pandemic period will protect the health of Californians and the nation.
- **UC Health is experiencing a range of direct costs treating a single patient, from \$1 million to \$10 million, depending on the severity of the virus, the complexity of the patient's case and course of treatment, the impact to our physical facilities, and most importantly to our health care workforce.** There are also a significant number of indirect costs that the University is currently experiencing, such as continued training and preparation of staff, shutting down beds due to lack of qualified staff, shutting down of Intensive Care Units transfers, sending staff on full leave for two weeks to quarantine, hiring of replacement medical staff, patients cancelling appointments and procedures, and maintaining an incident command center 24/7 to address the issues related to COVID-19 and to maintain hospital operations.
- **Once the virus spreads, UC expects direct and indirect costs could reach \$500 million over the course of six months.** We ask for support of these costs through federal funding. This number is an estimate based on the latest information and data available at the early onset of this pandemic. At present, the University is unable to seek reimbursements for a number of these indirect and direct costs, potentially jeopardizing our safety-net provider position. As the pandemic grows and more communities are impacted, the federal government should expect costs to grow and we will need to reassess.

- Inclusion of student aid, as it relates to the cancelation of academic programs, as an allowable reimbursement.

Rapid Diagnosis

- Award emergency use authorization to manufacturers of test kits and to every capable laboratory without delay.
- Eliminate travel requirement from “person under investigation” (PUI) definition or allow local labs authorized to perform testing to test patients presenting with all symptoms of COVID-19, not only life-threatening symptoms.

Addressing Shortages of the Nation’s Medical Supplies Stockpile

The Defense Production Act provides the Administration the broad authority to ensure the timely availability of essential domestic industrial resources to support national defense and homeland security requirements, which may be necessary to ensure the safety and security of the nation’s medical personnel and citizens.

- Ensuring that our country has access to lifesaving medical equipment and supplies – such as personal protective equipment, masks, drugs, and vaccines – the emergency supplemental should include language that provides the Administration with the ability to utilize Defense Production Act authorities to fight this pandemic and to ensure that the medical supplies needed to combat COVID-19 are on the approved list.

Research, Innovation and Deployment

All 10 UC campuses and UC’s three affiliated Department of Energy (DOE) national laboratories are extremely well-positioned to apply their tremendous research expertise to combat COVID-19. In fact, many of our researchers at our campuses and national labs are already researching ways to detect, treat, and map the virus.

The University recommends that Congress:

- Provide additional funding for National Institutes of Health/National Institute of Allergy and Infectious Disease to accelerate results – and validation and deployment – of novel diagnostics and therapies to help in monitoring and stemming spread of the outbreak. Specifically, funding should focus on the following efforts: rapid, accurate diagnosis of COVID-19 infection; development of methods to track the spread and evolution of COVID-19; computational modeling and data analytics; and development and testing of vaccines to prevent infection. UC’s enterprise, across multiple campuses and medical centers and the

UC affiliated DOE national labs, is a trusted partner for the federal government's efforts to address this pandemic disease.

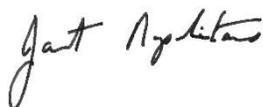
- Enhance the use of Other Transaction Authorities (OTAs) to enable the fast distribution of research funding. Additionally, Congress should waive the OTA cost share requirement for non-profit research institutions in departments that currently require a match, including HHS.
- Provide the ability for HHS to exercise the fast-tracking of research, development and deployment of vaccines, therapeutics and diagnostics, similar to the authority granted during the Ebola outbreak.
- Provide additional funding for the Centers for Disease Control and Prevention's (CDC) Emerging and Zoonotic Infectious Disease program, specifically for the following subprograms: emerging infectious disease research program; the quarantine program; the National Healthcare Safety Network; and, the Epidemiology and Lab Capacity program.
- Provide an additional \$35 million to enhance the USAID Global Health Security zoonotic and infectious disease surveillance and forecasting program.

Students Studying Abroad

To assist students and researchers who are abroad in countries that are impacted by the pandemic, Congress should include statutory language requiring the State Department travel warnings to mirror the CDC threat risks. As one factor in our decision-making process, UC relies on State Department guidance when determining whether to call students studying abroad back home in cases such as a pandemic outbreak; having differing threat assessments confuses the decision-making process.

Thank you for your consideration of our requests. If you have questions, please do not hesitate to contact UC Associate Vice President for Federal Governmental Relations Chris Harrington. He can be reached at (202) 974-6314 or by email at Chris.Harrington@ucdc.edu.

Yours very truly,



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