



March 2, 2020

Honorable Gavin Newsom
Governor
State of California
State Capitol Building
Sacramento, CA 95814

Re: Support for Implementation of COVID-19 Mitigation Strategy

Dear Governor Newsom:

On behalf of our more than 48,000 physician and medical student members, the California Medical Association (CMA) would like to thank you for your leadership in developing the state's response to novel coronavirus, also known as COVID-19. As you are aware, Coronavirus Disease 2019 (COVID-19) community transmission is occurring in California outside of the current containment zones that exist at Travis Air Force Base (AFB) and several Northern California community hospitals. Given the length of time that community transmission is suspected to have been occurring, the ability of the virus to be transmitted in an asymptomatic manner, and the inability to identify original sources of the infection, containment of the virus to terminate the outbreak is not feasible.

The current national guidelines for addressing the COVID-19 outbreak are based on containment principles. It is critically important that California moves to a mitigation strategy immediately to slow the spread of the virus, reduce the surge on an already stressed healthcare system, provide the right level of care where the vast majority of Californians will only require time limited home isolation, expand testing capability to increase hospital capacity, and to tailor isolation in medical facilities to the known mode of transmission of this virus which is via droplets.

Mitigation will allow California to maintain the function of our healthcare systems during an anticipated significant increase in disease burden expected to last several months based on China's experience.

Proposed Mitigation Strategy. Mitigation strategies are designed to treat patients based on severity of symptoms, so individuals receive the right level of care in the right setting. They are designed to minimize the effects of an infection on a population when the infection can no longer be contained. Mitigation strategies allow for the appropriate use and deployment of resources to respond to a large-scale outbreak that is already embedded in the community.

CMA recommends the following elements of a comprehensive mitigation strategy:

- Education – As the state's approach to COVID-19 continues to evolve, education and communication is critical to ensure that healthcare providers, patients and the general public are operating according to the most current standards. Developing a statewide coordinated education strategy that includes guidelines for treating the disease in an ambulatory setting will help to ensure that consistent and high quality care is provided regardless of where the disease emerges.
- Use of Droplet Precautions - COVID-19 is a disease that is primarily spread by droplets, is more easily transmitted than seasonal influenza, and can spread via asymptomatic individuals who would not normally seek medical care or evaluation. Healthcare workers can use droplet precautions such as surgical masks, disposable gowns, gloves and eye wear, which will simplify workflows for larger volume of patients and preserve the use of N-95 respirators, PAPRs, and CAPRs for true airborne diseases such as tuberculosis.

There is no specific Occupational Safety and Health Administration (OSHA) standard covering COVID-19. However, OSHA requirements regarding Personal Protective Equipment (PPE) which requires using gloves, eye and face protection, and respiratory protection may apply. California has an OSHA-approved workplace safety and health programs, which is monitored by OSHA and must be at least as effective as OSHA. Consistent standards regarding use of PPE related to COVID-19 is critical to ensuring appropriate use of equipment that may be in short supply and for mitigating overall disease spread.

- Placement of Patients – Patients can be treated in a variety of settings, ranging from home isolation to hospital settings, based on their symptoms and need for further evaluation and care. Treatment in various settings can be accomplished through the use of telehealth— also known as remote or virtual care — as recommended by officials from both the Centers for Disease Control and the World Health Organization to help triage the sick and minimize unnecessary crowding in strained medical facilities. In addition, use of tents, mobile units and patient cohorting in single rooms may also need to be considered.
- Telehealth Directive/Executive Order - Due to the highly contagious nature of COVID-19, we recommend that the state issue a directive or executive order requiring expanded use of telehealth services by health care facilities for the purpose of COVID-19 triage efforts. The order should also direct health plans to cover services provided through telehealth. In addition, based on the state's experience with wildfire response, health plans and health facilities should be directed to coordinate regarding

nurse advice lines, so that patients are aware of the existing capacity, and health facilities can coordinate a triage line with payors that already provide that service.

- Testing - A testing strategy should focus on defining the presence and extent of ongoing community transmission and aid in the determination of the need for isolation in inpatient settings. COVID-19 testing should be available for both inpatients and outpatients at this time so we can define the extent of community spread, protect the hospital population who are not infected with COVID-19, and to efficiently use single rooms for isolation. Recognizing the wide variation in healthcare resources and laboratory facilities, we recommend expanding the availability of testing kits to address the urgent need for the kits and adopting a regional approach to testing. These measures, along with addressing regulatory barriers to testing, will improve the quality and processing time for COVID-19 testing.

Once community spread is determined to be present, it is recommended that outpatient testing be discontinued since the actions that need to be taken will be clear and there is no additional specific treatment for COVID-19 that would be altered by testing.

- Healthcare Workers - Given the presence of community transmission, HCWs are just as, if not more likely, to be exposed in the community as they are in the hospital. Furloughing of individuals who have had a breach in PPE or were not using PPE for an individual being ruled out or with confirmed COVID-19 needs to be reconsidered. Protocols for where and how asymptomatic and symptomatic health care workers should be isolated and treated for COVI-19 would be consistent with standards of care for non-healthcare worker patients.
- EMS/Transport – As with other healthcare workers, EMS personnel would use droplet precautions for medical transport of suspect and confirmed cases of COVID-19.
- Supply Chain Disruptions – The state is already experiencing the impacts of manufacturing shortfalls/shutdowns from China and vendors are notifying health systems that supplies may become limited for COVID-19 and non-COVID-19 items in the coming weeks. The Strategic National Stockpile (SNS) repository serves as the nation's repository of medicines and supplies for use if there is a public health emergency, such as a terrorist attack, flu outbreak, or natural disaster, severe enough to cause local supplies to run out. The SNS is designed to supplement or re-supply state and local public health agencies when needed. The state needs to be informed about the inventory of the SNS to ensure that it is prepared to provide medicine and medical supplies as needed and that that there is a clear understanding of the procedures needed to access the SNS. In addition, it may be necessary to review

standards of care to identify any modifications that may be needed in response to potential supply shortages.

- State of Emergency – Finally, CMA recommends the declaration of a State of Emergency to reflect the urgency of the current public health crisis and which would expand access to a range of resources. Such a declaration would provide local governments and local health officers with the flexibility to take necessary actions to quickly respond to issues related to the outbreak. In addition, it would activate recently adopted legislation to allow Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to receive coverage for services provided via telehealth and expand access to care through mechanisms that are less likely to increase transmission of the disease.

Containment of COVID-19 is no longer possible given clear evidence of community transmission outside of the hospital containment zones. Containment measures are not designed to mitigate disease spread and have the opposite effect of placing strain on the healthcare system in the context of widespread disease. In order to preserve the health of the public, get the right care to the right patients, preserve the resources in terms of personnel and key medical supplies, a change to a mitigation strategy is critically important if California is to be successful in reducing the impact of COVID-19.

For more than 160 years, CMA and its physician members has been at the forefront of protecting the public health. We stand ready to help California address this rapidly developing public health crisis and ensure that the state's healthcare resources are used effectively to ensure that the appropriate care is delivered at the right time and place to minimize the impact of the disease on all Californians.

Sincerely,



Peter Bretan, MD
President
California Medical Association

