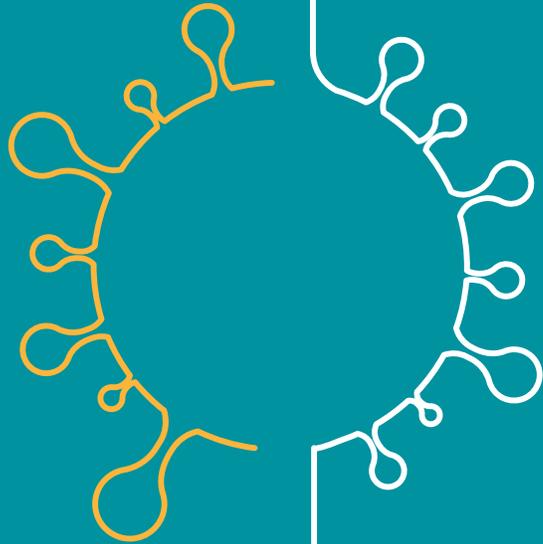




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THE WAY

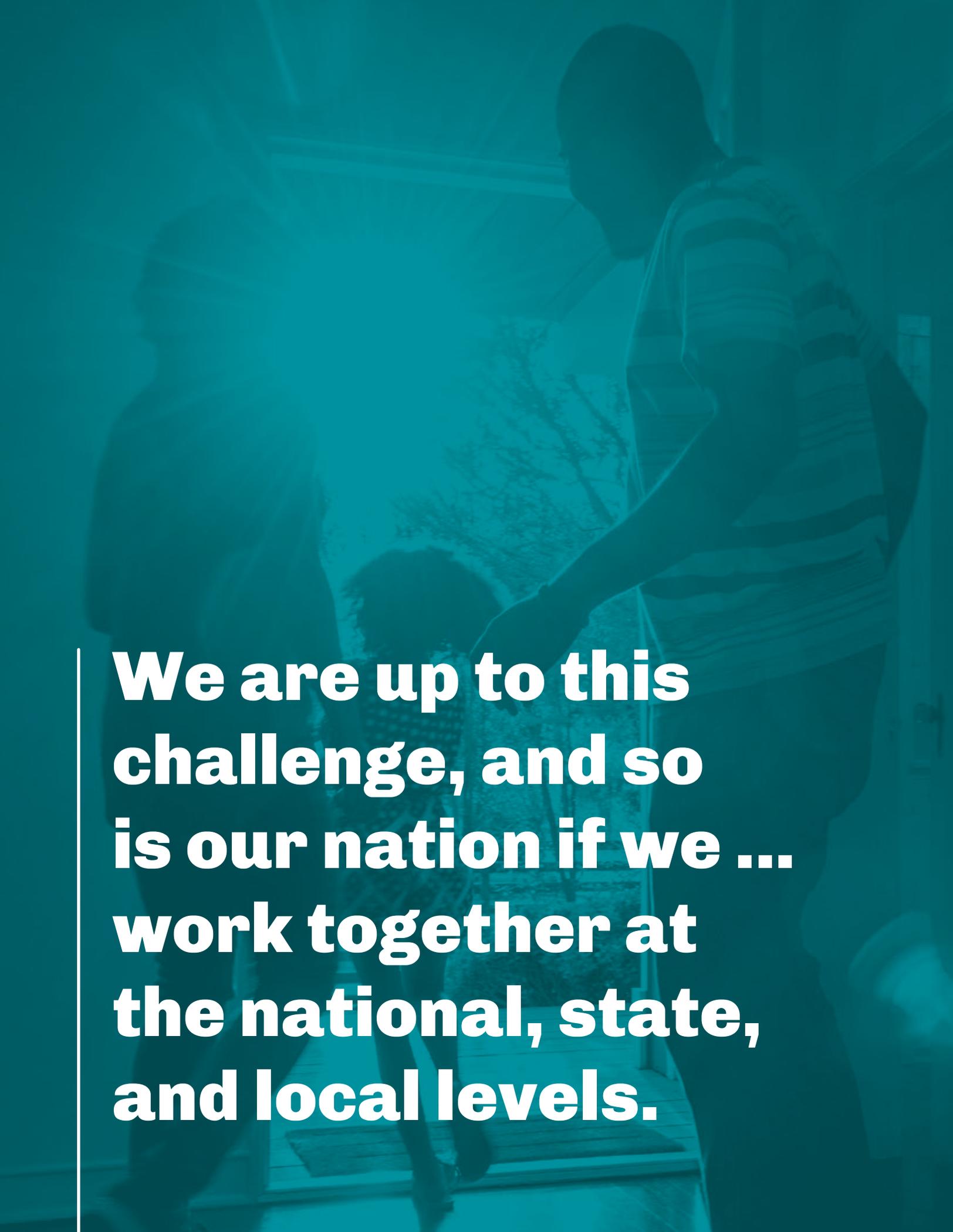
FORWARD

ON COVID-19

A Road Map to Reset the
Nation's Approach to the Pandemic



Association of
American Medical Colleges

A group of people, including a man in a striped shirt, are gathered around a table, looking at a large map or document. The scene is overlaid with a teal color filter. The text is positioned on the left side of the image, enclosed in a white vertical line.

**We are up to this
challenge, and so
is our nation if we ...
work together at
the national, state,
and local levels.**

In the six months since the novel coronavirus came to the United States, nearly 150,000 people have died and more than four million have been confirmed to be infected with SARS-CoV-2, the virus that causes COVID-19. It has preyed on the most vulnerable in our nation (including older people, people with underlying medical conditions, people of color, people experiencing homelessness, people who are incarcerated, people with low incomes, and others). It also strikes and kills children, young adults, and people in the prime of life with no underlying conditions, and leaves some with long-term, lingering symptoms. Perhaps most troubling is its ability to spread asymptotically through some individuals. This seeming randomness and unpredictability is stoking fear, confusion, mistrust, and division about the way forward.

Despite working together as a nation to “flatten the curve,” the United States is experiencing troubling new waves of infection. Instead of declining, the numbers of new cases, hospitalizations, and deaths, especially among vulnerable groups and communities of color, are growing rapidly. Particularly worrisome are the increases in infections among people in their 20s and 30s, who play a pivotal role in spreading the virus to older and other vulnerable populations. If the nation does not change its course — and soon — deaths in the United States could be well into the multiple hundreds of thousands.

Decisive, coordinated action is urgently needed to save lives, end the pandemic, restore America’s economy, and return our lives to normalcy. It is critical that the United States takes a united approach to the pandemic.

The AAMC (Association of American Medical Colleges) offers the following road map to reset the nation’s approach to the pandemic. The AAMC has as its members all 155 accredited medical schools in the United States and 17 in Canada, more than 400 teaching hospitals and health systems, and more than 70 academic societies. Collectively known as “academic medicine,” these institutions and their leaders, physicians, scientists, health care teams, learners, and staff have been among the many health care professionals on the frontlines of the pandemic, caring for patients, testing for the virus, developing effective treatment protocols, and researching possible vaccines. As one of the key sources of innovation in the nation’s health care system, academic medicine is critical to ensuring that this battle will be won. But to succeed, we must act together and now.

This plan focuses on a set of immediate, evidence-based, commonsense actions the AAMC believes is essential to contain the virus and end the pandemic by addressing critical shortages, improving and broadening testing, reducing the virus’s spread, reopening schools safely, expanding health insurance coverage, and prioritizing distribution of the vaccine. It also identifies longer-term actions that must be taken to protect and strengthen public health, reduce health disparities, and improve the overall health of our nation and its people.

Physicians and scientists from America and across the globe have cured polio and most childhood cancers and infections. We have reduced deaths from heart disease and stroke and developed better treatments for diabetes and kidney failure. We routinely transplant organs and cells, use robots for surgery, remove brain tumors with minimally invasive procedures, and perform surgery on babies while they are still in the womb.

We are up to this challenge, and so is our nation if we — our elected officials, doctors and scientists, public health experts, the private and public sectors, communities, families, and each of us as individuals — work together at the national, state, and local levels.

Here is our road map to reset the nation’s response to COVID-19.

1 Remedy critical supply and drug shortages.

The COVID-19 pandemic response has been marred by persistent shortfalls in critical health care supplies at the national, state, and local levels. These include shortages of laboratory reagents, tubes and trays for diagnostic polymerase chain reaction assays, swabs, personal protective equipment, and critical medications.

The AAMC recommends the following immediate actions to **remedy current shortages within the next four weeks** and the following targets to maintain adequate levels of supplies and equipment:

- **Laboratory supplies.** Laboratory supplies (e.g., reagents, transport media, plastic trays, sample vials, swabs for testing) are a critical national need. **The federal government should negotiate with plastic fabricators and chemical supply houses**, using the authority of the **Defense Production Act** or other means, to redirect American manufacturing to urgently eliminate shortages. **Companies need to prioritize the domestic production of these supplies to conduct 2.3 million tests per day. This number is based on a goal of maintaining a positivity rate of below 3% at the current rate of 70,000 newly diagnosed cases per day.**

The federal government should issue contracts large enough to justify manufacturers' infrastructure investments and stockpile any manufacturing overruns for future pandemic needs.

- **Personal protective equipment.** **The federal government should negotiate with paper companies, rubber companies, and fabricators** to increase domestic production of these urgently needed products. The government should issue contracts large enough to justify manufacturers' infrastructure investments and stockpile any manufacturing overruns for future pandemic needs.

- **Medications.** **The FDA should continue to monitor critical drug shortages. The government should issue large contracts to companies producing critical medications** needed for COVID-19 treatment so that companies are willing to overproduce in the short term and ameliorate national shortfalls. As a long-term goal, **companies should be encouraged to build or develop a domestic supply chain for medications that might become less available if international demand increases.**

For supplies and equipment, the AAMC recommends increasing production to enable health care institutions to maintain a three-day supply on premises, a 14-day supply available within a two- to three-hour drive of the facility, and a 30-day supply warehoused within a geographic region, based on the usual "burn rates." In addition, the AAMC recommends a 30-day national stockpile of critical supplies and equipment.

2 Increase availability and accessibility of testing.

While the United States has greatly ramped up its testing capacity, the nation's response to the pandemic is still hobbled by slow, and now growing, turnaround times for diagnostic results.

The AAMC recommends that the United States set a goal of conducting 2.3 million tests per day. This number is based on a goal of maintaining a positivity rate of below 3% at the current rate of 70,000 newly diagnosed cases per day.

Turnaround times, a major problem today, can be reduced by eliminating supply shortages and coordination problems, as well as through point-of-care antigen testing and greater use of academic medical center labs for backup.

In addition, as previously recommended by the AAMC, the White House Coronavirus Task Force, working with the Department of Health and Human Services, the Federal Emergency Management Agency, and state public health departments, should take the following actions:

- **Move quickly to deploy a web portal that would allow all laboratories, both academic and private sector, to easily report reagent or other supply shortages** that are slowing or preventing testing from occurring. Lab directors in academic health centers have indicated that there is no central system where the shortages faced by one lab can be assessed. This leaves labs to fend for themselves by trying to leverage existing vendor, state government, or federal relationships. This portal should include an optional reporting and search tool that would both collect information about and demonstrate areas of need for specific supplies. **Labs and vendors should be encouraged to enter and update information about shortages** that could be addressed through directed supply chain management.
- **Take a clearer role in the assessment and management of the supply chain for key testing reagents and supplies.** To maximize testing capacity, working machines must be aligned with test reagents, supplies, and need, based on the best scientific and medical evidence of "hot spots" or other areas that have insufficient testing.
- **Implement a transparent communication system** to inform vendors, labs, providers, and the public about supply chain assessment and management, including the priorities, directions, and specific needs of the community. Information about the extent to which commercial vendors are being directed or permitted to provide reagents, testing machines, or testing supplies to some labs preferentially should be readily available to both commercial partners and all labs. This will allow lab directors and other institutional representatives to focus their time and resources on obtaining the platforms and supplies that are most readily available to them.



**Face coverings
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spread of COVID-19.**

3 Establish national standards on face coverings.

Face coverings have been shown to limit community spread of COVID-19. The fact that SARS-CoV-2 (the virus that causes COVID-19) is spread largely by asymptomatic individuals makes wearing masks particularly important.

National standards grounded in scientific knowledge about the virus and its ability to spread must be developed to guide state and local decisions. The standards should consider the level of disease and community spread in any given state. In regions where community spread is growing, wearing face coverings should be mandatory.

As the level of COVID-19 community spread reaches sufficiently low levels, face coverings can become optional. (“Low levels” can be defined as low regional spread, no national hot spots that could seed the local ecosystem, and adequate contact tracing so that all contacts of infected individuals can be identified and quarantined.) In addition, it is reasonable to consider a standard that face coverings are unnecessary if an individual does not reasonably expect to come within six feet of other individuals. The standards should be presented to the public, with opportunities for further education and discussion to promote a more uniform understanding of the benefits and necessity of wearing face coverings.

The AAMC also recommends continued research into the efficacy of face coverings in combatting transmission of COVID-19. As knowledge grows about the virus and its methods of spread and transmission, these standards should be regularly reevaluated and updated.

4 Establish and enforce national criteria for local stay-at-home orders and reopening protocols.

These criteria should be based on current and recent cases, proportion of positive tests, hospitalizations, deaths, and local health care capacity. In addition, **the federal government should use its influence and state governments should use their authority to order and enforce mandatory stay-at-home orders and progressive reopenings** in locales meeting agreed upon criteria. The requirements should include limitations on indoor meetings of greater than a certain size, typically 10 people. The group size can be based on risk calculations tied to rates of infection in each state or community.

5 Establish national criteria for K-12 school reopenings and convene a working group to study different approaches by mid-August.

The timing and strategies for reopening America’s K-12 schools are critical challenges for both children and families, especially given the stresses of at-home education and uneven access to child care. Remote education has its limitations, particularly for children’s social and emotional development. In addition, with a substantial number of American households not having access to high-speed internet, extended remote education will disproportionately affect educationally and economically disadvantaged children and families. There is an urgent need to reopen America’s schools safely and to balance the health risks of gathering children, teachers, and staff against the benefits of school attendance. This work must be completed within weeks to bring order and safety to the process and ensure a consistent strategy from a public health perspective.

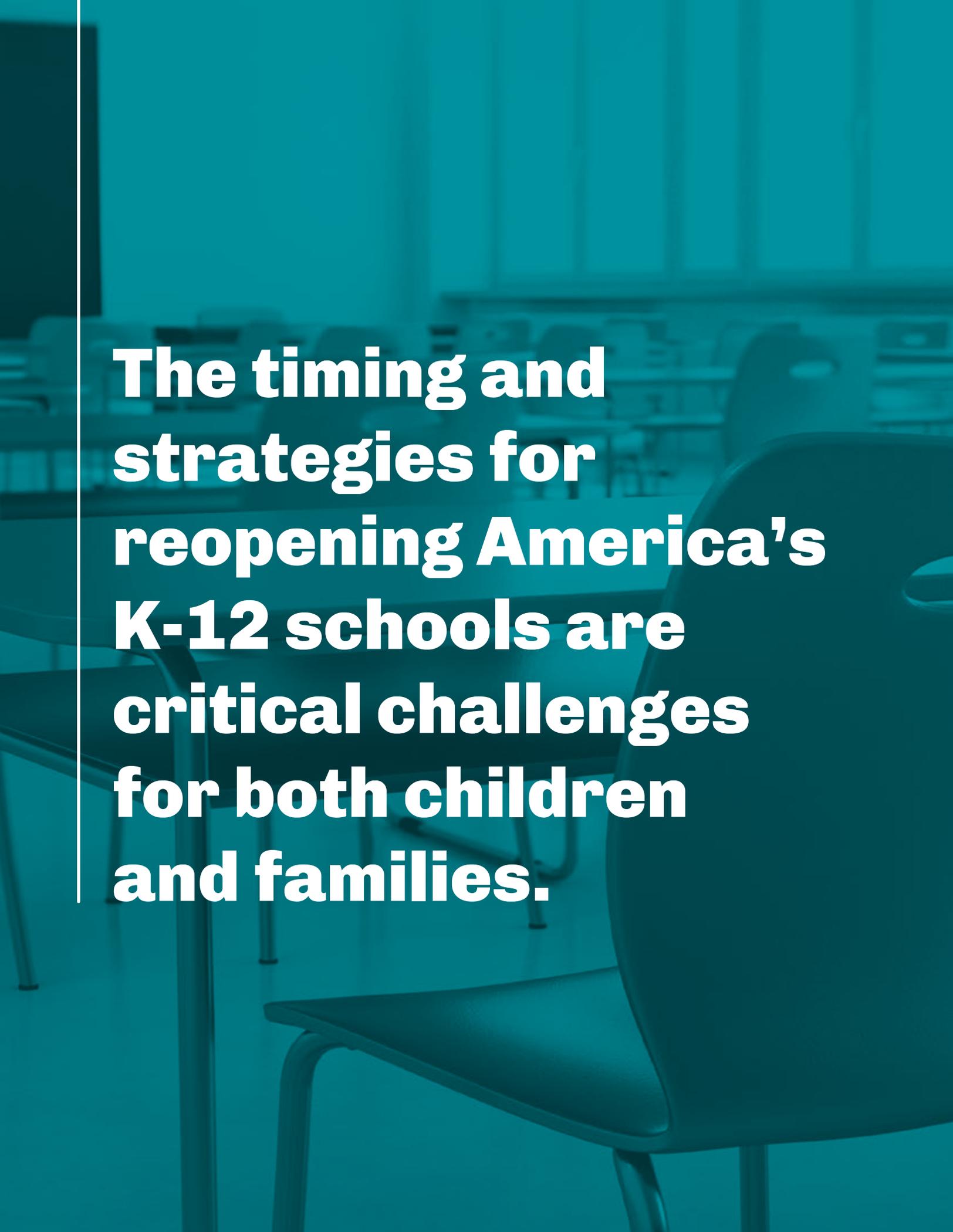
The National Academies of Science, Engineering, and Medicine convened a consensus group, which has provided a [road map for reopening schools](#). To use this road map effectively, **the AAMC recommends convening a working group of educators, state officials, school system leaders, parent leaders, and community representatives to implement the strategies** and study the effectiveness of different approaches, including looking at how other nations have successfully reopened their schools.

Real-time data should be collected to assess and compare the impact of school openings, or the use of remote education, on community levels of COVID-19 disease.

6 Immediately expand health insurance through COBRA.

Since the COVID-19 pandemic and the ensuing financial crisis began, an [estimated 10 million](#) Americans have lost access to employment-based health insurance. As a result of this loss, individuals may not be able to afford, or may not seek, necessary care. This loss of insurance is creating a second national health crisis.

COBRA gives employees who lose their jobs the opportunity to retain their employer-sponsored insurance for a limited period if the employee pays the entire premium for the plan (both the employer and employee share). This amount is prohibitively [expensive](#) for many individuals. **Congress must address COBRA to help individuals who have lost their employment and associated health insurance as a result of COVID-19.** At a minimum, because of its expense, **COBRA coverage should be at least partly subsidized by the federal government. Congress should also consider reducing the 20-employee threshold for COBRA during the pandemic.**



The timing and strategies for reopening America's K-12 schools are critical challenges for both children and families.

7 **Begin planning now to prioritize distribution of the SARS-CoV-2 vaccine.**

Plans should be advanced now for how vaccine will be distributed. **The agency making those decisions should be clearly identified and its process should be public. Distribution should occur in waves**, with health care workers, individuals whose work exposes them to the public (e.g., bus drivers, police, taxi/ride-hailing drivers), older people, and others in groups more at-risk or susceptible to COVID-19 vaccinated first. To build trust in the vaccine and its equitable distribution from the beginning, **there should be meaningful, visible partnerships with communities of color** that have been most dramatically affected by the pandemic. Respected community leaders and community health workers should be among those who participate in planning, implementation, and evaluation of vaccine distribution.

The government should subsidize all elements of the vaccine distribution and utilization process: development of the vaccine itself, distribution, administration costs, and effectiveness monitoring. **The entire process should be structured and involve many traditional vaccine providers, including health clinics, private practices, pharmacies, and urgent care clinics.** The cost to individuals should be kept as low as possible.

8 **Address and resolve health care inequities.**

Vulnerable populations (especially people of color, people experiencing homelessness, people who are incarcerated, people with low incomes, and people who identify as LGBTQ+) are bearing or are likely to bear a disproportionate share of the burden of COVID-19, based on a number of preexisting factors. To focus more effectively on prevention and care in these populations, further information is needed, and **more attention must be paid to addressing and eliminating structural racism in health care.** An important starting point is more robust data collection.

The federal government should develop a national, standardized data collection system that accurately captures race and ethnicity data and information on the social and environmental conditions in which people live, work, and play (e.g., crowding, access to food, housing security) that affect how illness can spread.

In addition, **community-level data that adequately reflect the neighborhoods to which COVID-19 patients are discharged should be collected;** county or ZIP code data are not specific enough for densely populated communities likely to be most affected by infectious disease. **State and local public health departments, private testing labs, and hospitals — all at the frontlines of the pandemic response — should be engaged in the data collection effort.**

Future data collection efforts and surveillance should be patient-centered and developed in collaboration with **local community members and community-based organizations**, which have trusted and established relationships with local residents and leaders. Collecting valid data that both identify communities disproportionately at-risk and suggest structural interventions must be done collaboratively with communities and is crucial to ensuring just, equitable preparedness and response during this pandemic.

9 Inform, educate, and engage the public.

In times of crisis, the public needs access to clear and understandable facts and “straight talk” on a regular basis from trusted sources of information, including health professionals, scientific experts, and experienced patient and family advisors. The need for reliable, easy-to-understand information from trusted sources is even more urgent in a time, such as this pandemic, when knowledge rapidly evolves, recommendations may change, and social media spreads both useful and inaccurate information with ease.

Many of the actions that will help the nation overcome the pandemic therefore depend on improving communications about the pandemic and the virus and providing the public with the most up-to-date information from authoritative and trusted sources. Trusted messengers are especially important when communicating scientific and medical information to members of minority groups and vulnerable populations.

With institutions located in nearly every state, and a commitment to collaborate with and serve their local communities, academic medical centers are well positioned to serve as information hubs for the public. **Academic medical center websites should include up-to-date information** about the virus, expert advice, sections with more local and targeted information, and a mechanism for individuals to seek and obtain answers to questions. Special attention should be paid to word choice and tone to promote safe practices, while supporting respectful partnerships and communication with patients and families.

These websites should also include information that educates the public about the scientific process to help the public evaluate new information, build trust and understanding, and adapt to inevitable changes in recommendations.

In addition, **academic medical centers, with their scientists, physicians, medical educators, students and residents, and patient and family partners, should organize teams** to meet with members of local community organizations, vulnerable groups, families, and others to provide more personalized and targeted communication about the virus.

At the national level, steps should be taken to ensure that data about the virus is objectively collected and analyzed, and transparently reported and made available to the public. **Federal, state, and local public health agencies should work with commercial partners**, such as telecommunications providers, to send out daily texts and reminders about mask-wearing, social distancing, and hand-washing, as well as important updates about the virus and conditions in local areas.

The U.S. public health infrastructure has been underfunded for decades at almost every level.

Beyond the items that require immediate action, a set of longer-term challenges must be addressed to ensure a more stable and equitable future for all living in America. Some of these problems have remained unsolved for generations. Why raise them in the context of the pandemic and this call for urgent action? These issues must be faced, not only to better prepare our nation for future pandemics, which will occur, but to provide a more equitable environment for people throughout our country. Whether viewed through a lens of social justice or as a dispassionate assessment of what will be necessary to improve the health and safety of all, these issues must be faced.

1 Broaden health insurance.

The COVID-19 pandemic has highlighted the vulnerabilities of the employer-sponsored health insurance system in which individuals who lose their jobs also lose their health insurance.

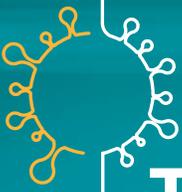
The federal government should augment the nation's system of health care coverage so that coverage is available regardless of employment status. The epidemic has made clear that having a desire to work and the necessary skills may not be enough when employers are engaging in survival-focused reductions in force. The federal government must take steps to protect individuals over the long run and to eliminate the terrible inequities that subject the uninsured and others to a disproportionate risk from not only the pandemic but many other health risks.

The economic effects of the pandemic are likely to go on for years. Given the likely lasting effects, **Medicaid should be expanded in all 50 states.** In addition, for those not eligible for Medicaid, **there should be a federally subsidized insurance option for all individuals who earn less than a certain annual income.** Regardless of the mechanism, the country should provide insurance so that all people, including those with chronic health issues and preexisting conditions, are able to maintain coverage despite loss of employment.

2 Strengthen the nation's public health infrastructure.

The U.S. public health infrastructure has been underfunded for decades at almost every level: national, state, and local. The great progress made in recent decades to control contagious diseases has made public health a lower priority in a time of constrained resources. Like an insurance policy, however, one is very glad to have that protection when there is a fire. In addition to helping in times of contagion, public health infrastructure also helps improve, and reduce disparities among, different groups' life expectancies.

Public health at all levels should be better funded. It is the work of federal, state, and local governments to implement and prioritize policies and expenditures based on the Centers for Disease Control and Prevention's (CDC's) professional guidance. Most public health actions will remain at the state level; however, given the financial pressures on state and local governments due to lost revenue in the pandemic-induced financial crisis, federal financial assistance will be necessary to allow states to perform the necessary steps to protect the public's health. **Federal, state, and local governments should implement and prioritize policies and expenditures to strengthen the CDC and improve and standardize the quality and effectiveness of state and local public health departments.**



THE WAY **FORWARD** ON COVID-19



Immediate Actions

- 1** Remedy critical supply and drug shortages.
- 2** Increase availability and accessibility of testing.
- 3** Establish national standards on face coverings.
- 4** Establish and enforce national criteria for local stay-at-home orders and reopening protocols.
- 5** Establish national criteria for K-12 school reopenings and convene a working group to study different approaches.
- 6** Immediately expand health insurance through COBRA.
- 7** Begin planning now to prioritize distribution of the SARS-CoV-2 vaccine.
- 8** Address and resolve health care inequities.
- 9** Inform, educate, and engage the public.

Longer-Term Actions

- 1** Broaden health insurance.
- 2** Strengthen the nation's public health infrastructure.



**It is critical that the
United States takes
a united approach
to the pandemic.**



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