

Re-Open South Carolina Select Committee

TESTING AND TRACING
SUBCOMMITTEE REPORT

August 12, 2020



SUBCOMMITTEE MEMBERS

Senator Tom Davis, *Chairman*
Senator Gerald Malloy
Senator Vincent Sheheen
Senator Ross Turner

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**Senate's Re-Open South Carolina
Testing and Tracing Subcommittee Report
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The Testing and Tracing subcommittee included Senator Tom Davis, chairman; Senator Gerald Malloy; Senator Vincent Sheheen; and Senator Ross Turner. Senator Katrina Shealy also attended the meetings of the subcommittee.

The subcommittee held two meetings on July 29, 2020, and August 4, 2020. Presentations were made by the South Carolina Department of Health and Environmental Control, the Medical University of South Carolina, the South Carolina Hospital Association, the South Carolina National Guard, the South Carolina Emergency Management Division, the University of South Carolina, and Precision Genetics Inc.

All of the presenters to the subcommittee were asked to submit to the subcommittee specific recommendations for immediate legislative actions or appropriations that would promote 1) increased COVID-19 testing and/or 2) quicker lab analysis of specimens and reporting of results to those tested. Based on the testimony at the meetings and the recommendations submitted, this report of recommendations requiring legislative action or appropriations as well as those which are directed to the appropriate agencies is made to the Re-Open SC Select Committee.

TESTING AND TRACING SUBCOMMITTEE'S RECOMMENDATIONS

In order to ensure that testing for COVID-19 across the state is adequate, there are a number of different factors involved which can be addressed through legislative action or state agency efforts.

Recommendation 1: Department of Health and Environmental Control - Designated Lead Agency for Testing

The subcommittee recommends that DHEC be designated as the lead agency to coordinate COVID-19 testing for the state. It is essential that one state agency have plenary authority to oversee and supervise all actions, both public and private, that are necessary to achieve the testing goals and other objectives established by the South Carolina General Assembly, and to be accountable for the outcomes. DHEC has a statewide mission, physical locations throughout the state, and other infrastructure and personnel in place sufficient to coordinate and facilitate testing activities, which makes it the appropriate entity to exercise such plenary authority, and its executive director is ultimately responsible for the achievement of the stated objectives and accountable for the outcomes. This is not to suggest that collaboration with private providers and other state agencies isn't important; it is. But the buck stops with DHEC and its executive director, and a joint resolution to this effect should be passed, such to include temporary grants of power to DHEC and its director as may be necessary for them to meet the stated obligations.

Recommendation 2: Department of Health and Environmental Control - Increase Testing Goals

The subcommittee recommends that DHEC increase its monthly testing goals to 10 percent of the population. In order for the state to monitor and respond to the virus, there needs to be sufficient testing to identify the level of the virus and its location, and 10 percent of the population each month -- stated differently, approximately 500,000 South Carolinians each month -- is the necessary level of testing. DHEC is currently testing about 5 percent of the state's population monthly, and its stated goal is 2 percent of the population, so the agency regularly reports that it is "surpassing its goals," which creates the impression that the current level of testing is sufficient, and it isn't; the testing goal must be 10 percent of the population each month. In addition, at a minimum, there must be at least one testing opportunity per county per week, and there must be a weekly reallocation of additional tests to areas where the data indicates outbreaks have occurred. Numerous public agencies and private healthcare providers will be involved in achieving the 10 percent goal, but DHEC and its executive director shall have plenary authority in this matter and shall be ultimately responsible for the outcomes.

Recommendation 3: Department of Health and Environmental Control - Expanded Services to Meet Testing Goals

With an increase in testing goals, the subcommittee recommends that CARES Act funding be spent by DHEC to meet those goals and to continue to provide free testing for everyone. As testing increases, interest from testing partners may recede due to fatigue, financial strain, staffing shortages, and increased hospitalizations. Additional staff, resources, and funding will be necessary to meet the demand. This funding could be used to purchase additional PPE, testing supplies and equipment, increased staffing, and vaccine storage as well as to acquire additional

testing analysis capacity at private reference labs to expand testing capacity and improve test result turn-around time. Numerous public agencies and private healthcare providers will be involved in implementing this recommendation, but DHEC and its executive director shall have plenary authority in this matter and shall be ultimately responsible for the outcomes.

Recommendation 4: Department of Health and Environmental Control - Saliva-Testing Development and Deployment

South Carolina has ramped up COVID-19 testing over the past couple months, yet has fallen further behind in stemming the spread of the virus. This testing has relied on the polymerase chain reaction (PCR), a technique to amplify the virus' genetic material, making it easy to detect. Such tests are highly accurate, but cost about \$100 each, require specialized machinery and reagents, and typically take several days to return results. Experts testifying before this subcommittee called for a new testing strategy -- one that moves away from diagnosing people who have symptoms or who were exposed and toward screening whole populations using faster, cheaper, sometimes less accurate tests. The subcommittee recommends that CARES Act funding be spent by DHEC to fund development of saliva testing. Clemson and the University of South Carolina have been developing rapid and scalable tests using saliva that can be utilized for testing of large organizations, and these tests could then be used statewide to expand testing of asymptomatic individuals and to reach communities not reached by current testing methods. Numerous public agencies and private healthcare providers will be involved in implementing this recommendation, but DHEC and its executive director shall have plenary authority in this matter and shall be ultimately responsible for the outcomes.

Recommendation 5: Commission on Higher Education - COVID Testing

To support students at higher education institutions returning to campus and preventing spread in the community, the subcommittee recommends that CARES Act funding be spent by CHE for funding to the public higher education institutions for testing and contact tracing efforts of students, faculty, and staff. These funds should be allocated based on student population, but shall be subject to adjustment on a weekly basis depending upon the pertinent healthcare data. Moreover, even though the initial responsibility for allocating this funding falls to the CHE, DHEC and its executive director shall have plenary authority in this matter and shall be ultimately accountable for the outcomes.

Recommendation 6: State Board for Technical and Comprehensive Education - COVID Testing

To support students at technical colleges returning to classes, the subcommittee recommends that CARES Act funding be spent by the SBTCE for funding to the technical colleges for testing and contact tracing efforts of students, faculty, and staff. These funds should be allocated based on student population, but shall be subject to adjustment on a weekly basis depending upon the pertinent healthcare data. Moreover, even though the initial responsibility for allocating this funding falls to the SBTCE, DHEC and its executive director shall have plenary authority and shall be ultimately responsible for the effective allocation of this money to technical colleges and accountable for the outcomes.

Recommendation 7: SC Emergency Management Division -- PPE Warehouse

The subcommittee recommends that CARES Act funds be spent to acquire a warehouse to stockpile PPE. SCEMD estimates that to be the cost for a warehouse and stock management to ensure PPE is stored within industry guidelines and expiration dates. Although the SCEMD will acquire and stockpile the PPE, DHEC and its executive director shall have plenary authority in this matter and shall be ultimately responsible for ensuring that the state has a sufficient supply of PPE to accomplish the testing objectives and accountable for the outcomes.

Recommendation 8: SC Emergency Management Division - PPE for smaller providers

Smaller providers in the state have difficulty obtaining needed quantities of PPE. The subcommittee recommends that SCEMD use the stockpile in the warehouse to fulfill orders by smaller providers and then replenish the PPE to ensure the stock is rotated and used before its expiration date. DHEC and its executive director shall have plenary authority in this matter and shall be ultimately responsible for smaller providers having a sufficient supply of PPE to accomplish the stated testing objectives and accountable for the outcomes.

Recommendation 9: SC Emergency Management Division - FEMA cost share for National Guard

National Guard personnel have provided assistance at testing events across the state. Beginning August 22, 2020, the state has to pay a cost share of 25 percent to FEMA for assistance from the National Guard. The subcommittee recommends that CARES Act funds be spent by SCEMD to pay FEMA for the 25 percent cost share for 800 National Guard personnel. South Carolina's National Guard members have been deployed to help combat the spread of COVID-19, and those members have played a critical role in that effort -- distributing personal protective equipment, setting up testing sites and sending medics to the front lines. However, this deployment is set to expire on August 21, 2020, and it is critical that this deployment be extended for at least two more months. Other public officials will be involved in implementing this recommendation, but DHEC and its executive director shall have plenary authority and shall be ultimately responsible for the outcomes.

Recommendation 10: SC Emergency Management Division - Request for assistance from the United States military bases in South Carolina

There are eight military bases in South Carolina: Joint Base in Charleston; Shaw Air Force Base in Sumter; Fort Jackson Army Base in Columbia; MCAS Beaufort Marine Corps Base in Beaufort; MCRD Parris Island Marine Corps Base in Port Royal; Naval Hospital Beaufort Navy Base in Beaufort; Naval Hospital Charleston Navy Base in North Charleston; and Naval Weapons Station in Goose Creek. In order to obtain assistance from these military installations in connection with achieving the COVID-19 testing objectives, the SCEMD should initiate and finalize the administrative processes that are conditions precedent to these installations making their resources available. Although the SCEMD is the agency that, by law, is in charge of these administrative processes, DHEC and its executive director shall have plenary authority in this matter and shall be ultimately responsible for these processes being successfully pursued.

Recommendation 11: Department of Health and Environmental Control - Health Information Exchange

The subcommittee recommends that CARES Act funding be spent by DHEC to develop a COVID-specific Health Information Exchange ("HIE"). A COVID-specific HIE would enable a more effective allocation of scarce resources to address issues presented by the virus, most critically, through providing a data-monitoring dashboard that connects our state's providers, delivers real-time data about laboratory testing, predicts trends and hotspots, and tracks hospitalizations, discharges, and real-time bed availability. HIE legislation must ensure that health data privacy and security is maintained throughout the data-exchange process. A joint resolution has been prepared establishing a COVID-specific HIE which addresses these issues. Numerous public agencies and private healthcare providers will be involved in implementing this recommendation, but DHEC and its executive director shall have plenary authority in this matter and shall be ultimately responsible for the outcomes.

Recommendation 12: Increase Publicity and Types of Testing Events

The subcommittee recommends that every entity involved with testing events publicize those events as much as possible. The number coming to testing events has plateaued and is not increasing. In order to administer as many tests as possible in the least amount of time, different types of tests such as self-administered nasal swabs could be used. DHEC and its executive director shall have plenary authority in this matter and shall be ultimately responsible for ensuring that testing events are sufficiently advertised and accountable for the outcomes.

Recommendation 13: Department of Health and Environmental Control - Expand Scope of Practice Restrictions

Some health professionals are restricted by their scopes of practice from administering tests. The subcommittee recommends that the scope of practice for the following healthcare professionals be expanded on a temporary basis to allow them to administer tests without a physician's order: dentists, EMTs, athletic trainers, registered nurses, school nurses, licensed practical nurses, medical assistants

Recommendation 14: Extend exemption from \$10,000 earnings cap for retirees who work in the state's preparedness and response to the COVID-19 virus

The subcommittee recommends extension of the exemption from the \$10,000 earnings cap for retirees. Currently, there is an exception to the \$10,000 earning limitation and retiree insurance for retired members of the South Carolina Retirement System or the Police Officers Retirement System who return to covered employment to participate in the state's public health preparedness and response to the COVID-19 virus that ends on September 1, 2020, in Act 116. If this is extended, those employees could continue to assist in those efforts.

Recommendation 15: Assist in advocacy of federal government

Several issues with COVID-19 require a response from the federal government. The subcommittee recommends that the General Assembly could support advocacy of the federal government for

issues including increased manufacturing of testing machines, adequate insurance reimbursement, and priority status for medical and laboratory supplies for state entities. The supply chain for medical and laboratory supplies on university campuses - even campuses that are accredited as patient-centered medical homes - are currently not considered "priority providers" when seeking testing and other medical supplies. The federal government could temporarily grant universities that are also accredited patient-center medical homes (and possibly all universities if deemed appropriate) status as priority providers so as to expedite shipping of critical testing and related supplies during the pandemic. DHEC and its executive director shall have plenary authority in this matter and shall be ultimately responsible for these requests for assistance being timely advanced and prosecuted.

Recommendation 16: Strategic and proactive demographic testing

When increasing the testing, the testing needs to include monitoring tests as well as diagnostic testing. The monitoring tests should focus on demographic and clinical characteristics, exposure and contact history, and the course of clinical illness and care received. These monitoring tests can be directed to at-risk populations based on zip codes or census tracts as well as hot spots. This testing needs to be strategic and proactive to identify areas of concern and to assist with reopening of schools and universities. Focus could also be directed to elderly and minority populations who are at greater risk from the virus. The subcommittee recommends that DHEC implement a monitoring testing plan which includes a focus on at-risk populations and those areas of concern.

Recommendation 17: Increased automation in collecting specimens and reporting results

Currently, many laboratories submit laboratory results to DHEC manually by fax, telephone, or even through the mail. In addition to any delay caused by the method of delivery, entry of information received in this manner must also be made manually. This manual data entry into DHEC's records further delays reporting of results and any necessary responses to those results. The subcommittee recommends that electronic submission of lab results to DHEC via Electronic Lab Report (ELR) or via SCIONx be required. IT support for hospital and private laboratories may be needed to expedite the process of connecting to an electronic reporting system. The subcommittee recommends that voluntary pre-registration for testing events should be offered or developed for as many events as possible. This would decrease the amount of information needed to be collected at the event and allow patients to be tested more quickly.

Recommendation 18: Urgency of implementation of recommendations

The subcommittee emphasizes that these recommendations should be implemented as quickly as possible. In order to address many of the issues and concerns surrounding COVID-19, quick action on these recommendations is paramount. If there is a sense of urgency to implement these recommendations, the actions taken can be more effective and achieve the desired results.

Recommendation 19: Entities provide data to Senate Finance Committee on needed funding

Many of these recommendations require funding to be fully implemented. In order to ensure that the funding is adequate and appropriate, the entities involved should provide data to the Senate Finance Committee supporting the amount of funding needed to fulfill the recommendations. This data can be used by the Senate Finance Committee when allocating funding from the CARES Act and in appropriations.