State of Connecticut
GENERAL ASSEMBLY
STATE CAPITOL
300 CAPITOL AVENUE
HARTFORD, CONNECTICUT 06106-1591

May 11, 2020

Office of Governor Ned Lamont
State Capitol
210 Capitol Avenue
Hartford, CT 06106

Dear Governor Lamont,

We share your priorities of protecting public health and restoring the economy, and would like nothing more than to conquer COVID-19 so the state can reopen safely. However, we are writing to express concern about the criteria and pace of the Reopen CT strategy as currently defined. We believe it is imperative to rely on evidence-based strategies to 1) protect public health, 2) prevent future outbreaks and 3) understand the cost benefit to our economy.

Below is your list of public health criteria for reopening CT. We have asked numerous questions about the details and development of these criteria. We now respectfully ask for answers to these questions that can be shared with the public before opening the state. In addition, in the second part of this letter, we submit recommendations on these criteria from our colleague Dr. Saud Anwar who is on the front lines treating COVID-19 patients and saving their lives.

1. I4-day decline in hospitalizations
    - This number is based on an average for the state, but if hospitalizations INCREASE in one town or county, shouldn't that stop the clock?
    - How can policy be state-wide if conditions are different throughout the state? If Governor Cuomo sets reopen conditions by county, shouldn't we do the same?
    - "Hot spots" can be anticipated to be those where people live in denser neighborhoods. Will policy differ based on population density?
    - We know that urban communities and people of color have the highest infection and highest death rates. How does the criteria reflect these facts?
    - What happens if the 3-day rolling average number of hospitalizations goes up? Governor Cuomo sets the threshold at 2 new hospitalizations per 100,000 people. Anything greater than that **in any county** triggers a reset. What will the response be in CT if/when that happens here?

2. Increased testing available
    - There is currently not enough testing to provide routine testing on essential workers including nursing home workers and state employees in congregate settings - will testing for them be assured?

- The guidelines set by your ReOpen Advisory Group on May 1 indicate that 42,000 tests per week are required to begin reopening, but 140,000 tests per week are needed to prevent new outbreaks. When will either of these targets be met and can you assure us that sufficient testing materials can be sourced to maintain these testing levels?
- Does the state have a plan to provide in-home testing to reduce the burden on testing sites?
- How is the testing being planned for individuals with disabilities? Individuals who work in nursing homes or assisted living homes? Individuals who live in densely populate areas that are at greater risk for new outbreaks?

3. Sufficient contact tracing capacity
    - What does "sufficient" mean?
    - What contact tracing methods are being developed? When will they be available and accessible to everyone?
    - How is the app that has been talked about being tested?

4. Protect high-risk populations
    - How is "high-risk" defined? We know that age is one risk factor, but there are many other risk factors - including underlying health conditions and ethnicity.
    - If an individual is not "high-risk" but lives with a person who is "high-risk," will they be protected? For example, a person who lives with their older parents. Or a person who lives with a child or spouse with asthma or another risk factor.
    - Residents and staff of nursing homes, assisted living homes and other types of group homes are by definition high risk. What policies will protect those vulnerable populations? And the people who work in those environments? Governor Cuomo requires nursing home staff to be tested twice every week. Will Connecticut require the same and when will this practice begin?

5. Adequate health care capacity
    - Please define

6. Adequate supply of PPE
    - Please define "adequate" and provide specific examples of what will be deemed adequate in various industries. For instance, we have been told that some nursing homes give their employees one N95 mask that must be reused. Is that adequate, and for how long?
    - Please specify the standards for "adequate supply" so the standards can be both monitored and enforced.
    - Does the plan include an expectation that employees buy their own PPE?

7. Appropriate physical distancing regulations
    - Please define.
    - How will this be regulated?

Following are some of recommendations as we collectively try and do the best for the citizens and businesses in Connecticut.

1. 14-day decline in hospitalizations.
    - There are hospitals in every region. We feel that it is important that some of these criteria should be addressed on a regional basis within the parts of the state as the hospitalization rates are at different levels in different parts.
    - The regions in our letter are defined by the State of CT Department of Emergency Management and Homeland Security Regions. The 5 DEMHS regions.
    - While overall hospitalization rates can be used as a criterion, it is important to note that this is just one part of a comprehensive assessment that is needed, and not the most reliable indicator when used alone.
    - The downward slope of plateau is slower and may not be a reliable indicator of decrease in disease burden. In other words, the risk of community transmission may remain even if hospitalizations plateau or decrease.

2. Incidence of the disease in different regions
    - It is important to see a sustained decline in positive cases over 14 days in ALL regions of the State, or the region which is to be considered for reopening.
    - We recognize that the number of cases will increase as we ramp up the testing in the state. Therefore, we need to get to steady acceptable regional testing before we can look at a meaningful trend in the changes. (This is defined in the testing part of this letter).
    - The CDC has defined 10 or less cases per 100,000 over a period of 14 days as a sign of decrease in transmission. Achieving this metric is based on the State's ability to conduct contact tracing and enforce isolation to suppress any outbreak.

3. Increased testing available. (The PCR testing)
    - According to the Harvard Global Health Institute, the state of Connecticut needs about 17,614 tests daily at minimum before a decision can be made about the trends of disease incidence. The current number of daily tests in our state has remained steady at around 2,800 - 3,000 per day for the last several weeks. Will it increase enough by May 20 to fulfill the testing needs? We understand that the goal is to have 6000 tests per day as a criterion. It is important that the distribution and focus of the tests be regional and wait for 2 weeks on the steady state of tests so better judgment of patterns of screening data is available.
    - The actual needs for appropriate level of testing is much more. How will this be realistically achieved and what mechanisms will be placed to make sure that they are easily accessible to symptomatic, high risk, and asymptomatic individuals.
    - The testing capacity needs to be adequate to detect outbreaks and identify and isolate positive cases as well as their contacts.
    - These criteria too must be considered on a regional basis.
    - Sample testing in various situations and locations in each region to identify the risk analysis. These should include.
        i. Grocery store users
        ii. Hospital workers.

iii. Manufacturing facilities which have been open throughout this time.
iv. Random samples in larger cities and smaller suburban towns.

4. Increased testing available. (The antibody testing)
    - This should have the tests sensitivity and specificity well identified in advance, including the false positive rates.
    - Sample testing in various situations and locations in each region to identify the risk analysis. These should include.
        i. Grocery store users
        ii. Hospital workers.
        iii. Manufacturing facilities which have been open through this time.
        iv. Random samples in larger cities and smaller suburban towns

5. Using best practices for rapid contact tracing and isolation of new positive cases.
    - Information gathering: Using aggregate mobile location data provided by major cellphone carriers to measure compliance with policies.
    - Information sharing. Creating mechanisms like those used by health authorities in South Korea to push alerts to residents with COVID-19 updates ranging from reminders about public health guidance to sharing info on the recently visited locations of newly infected persons.
    - Digital contact tracing. Digital proximity tracing as a complement to manual contact tracing to identify close contacts of COVID-19-positive residents and quickly isolate them.
    - Using existing health departments in cities and towns for isolation and quarantine of new cases.

6. Availability of Personal Protective Equipment (PPE) for health care systems and businesses.
    - These must be appropriate for the risk profile of the exposure associated with the industry.
    - This should be the responsibility of the employers in collaboration with the State of Connecticut.
    - Training will need to be provided by State and partner organizations. In other words, mask fitting, mask use training, types of masks and other PPEs.
    - Mechanism of adherence of the workforce and employer to the PPE usage and availability will need monitoring internally with external oversight.

7. Protection of high-risk populations.
    - Age criteria. Age of 60. (While all age groups are at risk, with the probability assessment the risk of complications and deaths increases as the age increases over 60). We know that you are using the cutoff at 65. CDC in their briefings have used age 60 rather than 65. Data is also suggesting that 60 is a better number for protection.
    - Ethnicity: Data shows that black and brown people have significantly higher rates of infection and mortality. This fact cannot be overlooked as a risk factor.
      The current plan needs to have an increased emphasis as the protection of

minorities as the data suggested that the rate of occurrence of disease is much higher in African Americans and Hispanic communities and rather of death is multifold higher in the communities as well. Such a significant difference and risk profile requires a separate focus and outline for these vulnerable communities.

- Co-morbidities including illnesses making an individual more susceptible to COVID-19 complications and others at a high risk of infections. List includes, but is not limited to the following:
    i. Diabetes
    ii. Hypertension
    iii. Chronic Obstructive Pulmonary Disease
    iv. Asthma
    v. Bronchiectasis
    vi. Autoimmune diseases
    vii. Patients with cancers
    viii. Patients on chemotherapy or medicines compromising the immune system
    ix. Transplant recipients
    x. Congestive heart failure
    xi. BMI > 40
- Family members who are care providers to the high-risk individuals and cannot practice complete isolation due to limitations in the home environment. (not enough rooms and separate restrooms), or levels of care that is provided to the individuals requires proximity.
- If an individual is unable to be at work due to any of these risk factors, their job would be protected, and they would remain eligible for unemployment benefits.

8. Adequate Health Care Capacity:
    - This would be defined as above 20% of the pre-pandemic status with respect to usage of hospital beds and ICU beds.
    - Acute care facilities must retain the capacity to go back to the contingency and crisis levels of bed, staff and supplies capacity in less than 48 hours.
    - Nursing homes should be 30% above the pre-pandemic levels.
    - Local rapid testing capacity for the workforce.
    - Having screening testing planned for high risk situations like ICU staff and nursing home staff. This should be at a minimum of every 2 weeks.

9. Support and guidance to businesses.
    - Creating a team of specialists overseen by the Department of Public Health (DPH) and Department of Economic and Community Development (DECD) who would help via phone and case management guide the business to restructure their workflows, density, protection strategies to reduce risk of disease to both the workforce and consumers.
    - While the current work done for guidance has been of high quality, there are individual businesses and circumstances which will require more hands-on guidance for the business owners.

10. Practical and personal basic requirements.

- If an individual is unable to be at the job because of lack of safe childcare their job would need to be protected, and they would remain eligible for unemployment benefits.

11. If a business cannot maintain appropriate social distancing at all times and provide appropriate protective gear for all of their employees, they should not be open.

We want to thank you for your leadership at this critical time. The decisions you have made regarding social distancing and other measures have greatly reduced the disease burden in our state. We recognize that these policies have come at significant personal and financial cost to individuals and businesses in our State. But it would be a great loss to everyone to reopen the state without having at least some of our recommended evidence-based protections in place. We could lose all the success that has already been achieved at great sacrifice. We feel that the above recommendations need to be addressed prior to making this especially important decision of reopening our state.

We have deep respect for the individuals you have selected to lead the ReOpen CT task force. The concerns expressed in this letter reflect the utmost confidence in you and your team. We are all working together do what is best for our state.

Sincerely,

Senator Martin Looney

Senator Saud Anwar

Senator Alex Kasser

Senator Douglas McCrory

Senator Christine Cohen

Senator Derek Slap

Senator Matthew Lesser

Senator Marilyn Moore

Senator Stephen Cassano

Senator William Haskell

Senator Julie Kushner