

August 5, 2020

Mark Ghaly M.D., M.P.H.  
Secretary  
California Health and Human Services Agency  
1600 Ninth Street, Room 460  
Sacramento, CA 95814

Dear Secretary Ghaly:

The California Hospital Association and its members are proud partners and allies with the state in the fight against the COVID-19 pandemic. It is from this perspective that we write to share persistent problems with COVID-19 testing in California and suggestions for change. Effective testing is fundamental to California's response – to stemming the spread of the virus and ensuring that patients and health care workers are safe.

Fighting the COVID-19 pandemic requires a continued strong partnership among state, local public health departments, health care providers (physicians, health facilities, and laboratories), and payers. Your leadership helps us all coordinate and collaborate under difficult circumstances. The California Department of Public Health and the state's initial Testing Task Force, on which I previously had the pleasure to serve, have done an incredible job of quickly moving the state to performing well over 100,000 tests per day.

But testing problems persist:

- Lab processing supplies remain in variable and short supply
- Specimen collection supplies are again in short supply
- Test turnaround times are increasing rather than decreasing
- Testing goals and approaches vary greatly across California's 58 counties
- Testing policy and priorities for specific groups of Californians is inconsistent across counties and inconsistent with state guidance

In response, we urge you to take the following actions:

1. **Convene a second testing task force whose sole focus is setting testing goals, policies and priorities.** The important work of the current task force must continue to focus on increasing testing supply and maximizing the state's testing capabilities, especially as new demand from reopening schools, colleges and businesses will grow. That has been entailed the difficult and detailed tasks of sourcing supplies, expanding community testing opportunities, securing accurate lab testing data reporting, and much more. An additional table is needed around which to convene a different group of people – state public health leaders, counties, local health officers, providers, payers and others – to collaborate and build consensus on setting state and county testing goals, policies on administering and paying for tests, and identifying priority populations.
2. **Quickly refine the state's testing prioritization guidance in light of critical testing supply shortages.** Key refinements needed include:

- a. Clarifying prioritization within the state's current testing tiers 2 and 3, which cover many, many Californians
  - b. Creating test availability indicators so test providers know at all times which Californians should be prioritized for testing based on existing and anticipated supplies, equipment, personnel, and community disease prevalence
  - c. Incorporating test frequency standards into state guidance so that with current and future supply shortages, all test providers are clear whether to provide, for example, two tests per week to a tier 2 patient, or one test per week to two tier 2 patients, or one test per week for a tier 2 patient and one for a tier 3 patient.
3. **Drive alignment between state guidance and county public health orders regarding testing.** One county public health order requires the testing of every patient with *any* symptom consistent with COVID-19, which includes a headache. Other counties require the testing by physicians of any symptomatic patient, while the state prioritizes hospitalized patients and outbreak management. Still other counties require testing of transit employees or other essential workers whether they have symptoms or not. Testing goals per 100,000 population vary across counties and are different than the state goal. Lack of state and county alignment is creating confusion and will result in inappropriate testing given scarce testing resources.
4. **Align state regulations about payer financial responsibility with state testing prioritization.** Recent Department of Managed Health Care emergency regulations define COVID-19 testing as a medically necessary service for essential workers, yet many essential workers fall into tier 3 in CDPH's testing priority guidance. Testing payment should be clarified for those in tiers 1 and 2 as well. Health care providers should be adequately reimbursed without delay or undue administrative burden for providing COVID-19 testing and related services in good faith compliance with the state's testing prioritization guidance.
5. **Leverage the purchasing power of the State of California to expand the availability of testing supplies.** The state can support increased production among current testing supply and testing platform manufacturers, identify new manufacturers, and obtain, allocate, and distribute necessary COVID-19 testing supplies and equipment across all testing providers, not just some.

We appreciate the opportunity to offer suggestions as hospitals continue to care for all Californians and treat a high volume of COVID-19 patients while facing significant staffing, personal protective equipment, and testing supply shortages. A statewide testing strategy that allows all parts of the health system to work together in an optimal manner is vital to our collective success against COVID-19.

Sincerely,



Carmela Coyle  
President & Chief Executive Officer

cc: Dr. Sonia Angell, Director, California Department of Public Health  
Mary Watanabe, Acting Director, Department of Managed Health Care  
Dr. Gil Chavez, Co-chair, Testing Task Force  
Dr. Bechara Choucair, Co-chair, Testing Task Force