



Patrick J. Cawley, M.D., MHM, FACHE
CEO, MUSC Health
Vice President for Health Affairs, University
cawleypj@musc.edu
22 WestEdge Street, Suite 300
Charleston SC 29403
Office 843-792-0599

August 11, 2020

The Honorable Thomas C. Alexander
Chairman, Re-Open South Carolina Select Committee
VIA: E-mail

Dear Chairman Alexander,

Thank you, Senator Davis, and the other members of the Senate's Re-Open South Carolina Select Committee for all that you are doing to help South Carolina move forward during COVID-19. To date, the Medical University of South Carolina (MUSC) has conducted over 138,000 COVID-19 tests.

As we look at the future trajectory of the virus and medical advances, MUSC is requesting additional funds as well as some regulation changes.

Also, I think it is critical that the state invest in a statewide Health Information Exchange (HIE) system for sharing information between health systems and patients. During COVID-19, having a statewide HIE would decrease the time to get results and reduce the number of duplicative tests.

I look forward to presenting to the Committee tomorrow and hope you find the attached information useful for your report.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Cawley". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Patrick J. Cawley, M.D., MHM
CEO, MUSC Health
Vice President for Health Affairs, University

Attachments

FUNDING REQUEST

We are requesting another appropriation of \$30 million through May 15, 2021. These funds would be used to assist with more at-risk testing and the possibility of deploying a vaccination to our at-risk population. We anticipate our current funding to be exhausted next month. Listed below is our breakdown of how the \$30 million would be used.

COVID-19 Statewide At-Risk Testing/Serology (September 4, 2020 – December 31, 2020)

Category	Description	Projected Cost
Testing Capacity – Supplies and Labor	Equipment, supply, and labor dedicated to the fixed testing locations that exist on the MUSC Charleston, Florence, and Lancaster campuses.	\$6,400,000
Mobile Testing – Staffing	Labor to operate the sites (registration, clinical, and command), team to provide test result call backs, and information solutions team to develop workflow and automation.	\$2,600,000
Mobile Testing – Supplies	Biggest expense is lab equipment, reagent, and nasal swabs. Other minor expenses include specimen bags, labels, hand sanitizer, etc.	\$6,000,000
Mobile Testing – PPE	Gloves, masks, face shields, gowns, etc.	\$1,500,000
Mobile Testing – Cost and Tent Operations	Testing cost is inclusive of the testing kit creation (labor and material) and the laboratory labor expense to process the test. Tent operations include setup items, (generators and traffic cones), courier payments to transport lab tests to Charleston, and other miscellaneous expenses to operate the rural site.	\$750,000
Mobile Testing – Education	Signage used for navigation/wayfinding through the testing sites and for statewide publicity/communications.	\$10,000
Mobile Testing – Quarantine	Intended for care team members who need to quarantine after exposure from a testing site and patients in rural sites who need to be quarantined.	\$0
Mobile Testing – Transportation	Rental truck lease and fuel for the trucks traveling from Charleston to testing site; and, also for employee mileage reimbursement.	\$20,000

COVID-19 Statewide At-Risk Inoculation

(Tentative dates based on the availability of the COVID-19 vaccination January 1, 2021 – May 15, 2021)
(The projected costs are based on immunizing 25,000 of SC's at-risk population)

Category	Description	Projected Cost
Immunization Capacity – Supplies and Labor	Equipment, supply, and labor dedicated to the fixed testing locations that exist on the MUSC Charleston, Florence, and Lancaster campuses.	\$3,700,000
Immunization – Staffing	Labor to operate the sites (registration, clinical, and command).	\$3,000,000
Immunization – Supplies	Syringes, needles, alcohol prep pads, adhesive bandages, sharps containers, anaphylaxis kits* (2 kits per site, each kit contains: Albuterol inhaler, Diphenhydramine injection and solution, Epi-pen and Epi-pen Jr., Methylprednisolone and diluent, Famotidine injection).	\$600,000
Immunization – PPE	Gloves, masks, face shields, gowns, etc.	\$1,000,000
Immunization – Cost and Tent Operations	Tent operations include setup items, generators, traffic cones, waste pickup and disposal, coolers, refrigerators, and other miscellaneous expenses to operate the rural site.	\$1,000,000
Immunization – Education	Signage used for navigation/wayfinding through the testing sites and for statewide publicity/communications.	\$510,000
Transportation	Rental truck lease and fuel for the trucks traveling from Charleston to testing site; and, also for employee mileage reimbursement.	\$20,000
Immunization – Contingency	Employee lodging, meals (when not donated by local partners), water/beverages, and ice packs.	\$20,000

REGULATION REQUESTS

1. **Support a Health Information Exchange for COVID-19 Information**

South Carolina has a few small health information exchange (HIE) systems but does not have one statewide HIE to share information between all health systems and patients. During COVID-19, having a statewide HIE would decrease the time to get results and reduce the number of duplicative tests as results are shared easily. The legislature should authorize DHEC to begin a bidding process for a statewide HIE and incentivize or require its use throughout the state. The legislature should also cover the HIE implementation costs for healthcare providers to increase adoption and implementation speed. Health Sciences South Carolina is researching this topic and can provide more information and assistance.

2. **Require Private Insurers to Reimburse for All COVID-19 Test Modes Approved by CMS or SC DHHS**

As new testing formats arise (saliva, antibodies, etc.) reimbursement needs to be required from private insurance to maintain viability to perform these tests. While federal laws require insurers to pay for COVID-19 tests, it is important for the state to make clear that private insurance must reimburse for all test formats, not just nasopharyngeal or nasal modes. The legislature should approve language in statute or proviso to establish that if Medicare (CMS) or Medicaid (SC DHHS) reimburses for a test, private insurance must also reimburse for that test.

3. **Require Private Health Insurers to Reimburse Testing for Asymptomatic or Mildly Symptomatic COVID-19 Infections**

It has become clear in the last several months that large numbers of people have asymptomatic or mildly symptomatic COVID-19 infections. It is vitally important in order to get COVID-19 under control that we continue to test not only the clearly symptomatic but those with no symptoms or mild symptoms. Therefore, all insurers, including private health insurers, should cover testing in these scenarios.

4. **Create a State Stockpile for Personal Protective Equipment and Testing Supplies for Future Needs**

When COVID-19 hit, the national emergency stockpile was distributed to states to assist with personal protective equipment (PPE) needs throughout the country. The supplies were helpful but were not enough and were largely expired. The national distribution of the supplies caused delays and allocation issues. Having a state stockpile of critical PPE and testing supplies is needed and should, at the least, include a 28-day supply of N95 masks, surgical masks, face protection, nitrile gloves, and isolation gowns. The stockpile should be created and maintained by SCEMD.

5. **Financial Assistance for Healthcare Providers Administering Test**

The SC legislature should keep funding available and accessible for MUSC, DHEC, and healthcare providers to continue to provide testing for anyone who wants it for free for as long as the situation necessitates.

6. **Suspend Regulations and Statutes That Require a Physician Order or Standing Order for a COVID-19 Test**

Federal and state dollars have been allocated for COVID-19 testing. The goal is for anyone who wants a test can get one for free. The CARES Act funding requires a physician order for the tests and encourages the entity that administers the test to attempt to bill private insurance providers and collect before seeking reimbursement from the federal funding.

If not in conflict with the federal law, the legislature should adopt a proviso temporarily suspending insurance requirements for a standing order or physician order for a COVID-19 test to remove a barrier to testing for many and get South Carolina closer to the goal of testing anyone who wants a test for free.

MUSC COVID-19 Statewide Expenditures

Data as of 8/10/2020

Category	Description	Expense to Date
Testing Capacity – Supplies and Labor	Equipment, supply, and labor dedicated to the fixed testing locations that exist on the MUSC Charleston, Florence, and Lancaster campuses.	\$6,525,286
Mobile Testing – Staffing	Labor to operate the sites (registration, clinical, and command), team to provide test result call backs, and information solutions team to develop workflow and automation.	\$1,379,778
Mobile Testing – Supplies	The biggest expense is lab equipment, reagent, and nasal swabs. Other minor expenses include specimen bags, labels, hand sanitizer, etc.	\$8,662,574
Mobile Testing – PPE	Gloves, masks, face shields, gowns, etc.	\$1,285,264
Mobile Testing – Cost and Tent Operations	Testing cost is inclusive of the testing kit creation (labor and material) and the laboratory labor expense to process the test. Tent operations include setup items, (generators and traffic cones), courier payments to transport labs back to Charleston, and other miscellaneous expenses to operate the rural site.	\$760,182
Mobile Testing – Education	Signage used for navigation/wayfinding thru the testing sites and for statewide publicity/communications.	\$15,062
Mobile Testing – Quarantine	Intended for care team members who need to quarantine after exposure from a testing site.	\$0
Mobile Testing – Transportation	Rental truck lease and fuel for the trucks traveling from Charleston to testing site. Also, for employee mileage reimbursement.	\$42,487
Mobile Testing – Contingency	Employee lodging, meals (when not donated by local partners), water/beverages, and ice (keep test samples cold).	\$8,188

“At Risk Community / Pop Up” COVID testing count. Shown by patient’s home county, as listed on their driver’s license.

PATIENT HOME COUNTY	# TESTS
FLORENCE	8,137
RICHLAND	7,648
CHARLESTON	5,045
MARION	2,134
SUMTER	1,731
SPARTANBURG	1,604
WILLIAMSBURG	1,585
HORRY	1,516
DARLINGTON	1,381
LEXINGTON	1,240
YORK	1,223
ORANGEBURG	1,170
BERKELEY	1,144
CHESTER	1,138
LANCASTER	1,129
DORCHESTER	833
KERSHAW	609
GEORGETOWN	456
DILLON	453
HAMPTON	357
FAIRFIELD	343
AIKEN	253
GREENVILLE	231
COLLETON	151
PICKENS	142
OCONEE	135
CLARENDON	134
LEE	132
CALHOUN	125
ANDERSON	97
BEAUFORT	96
BARNWELL	87
CHESTERFIELD	83
MCCORMICK	62
UNION	62
CHEROKEE	61
NEWBERRY	58
JASPER	52
BAMBERG	48
MARLBORO	44
ALLENDALE	43
LAURENS	23
EDGEFIELD	14
GREENWOOD	11
OTHER*	3,169
Grand Total	46,189

“Fixed Site / MUSC campus” COVID testing count. Shown by patient’s home county, as listed on their driver’s license.

PATIENT HOME COUNTY	# TESTS
CHARLESTON	22,505
BERKELEY	6,411
DORCHESTER	4,854
FLORENCE	3,330
LANCASTER	1,934
HORRY	1,119
MARION	843
CHESTER	794
DARLINGTON	628
BEAUFORT	517
COLLETON	425
WILLIAMSBURG	398
ORANGEBURG	359
YORK	353
GEORGETOWN	307
DILLON	275
SUMTER	264
RICHLAND	215
CLARENDON	177
CHESTERFIELD	170
LEXINGTON	148
KERSHAW	90
LEE	73
GREENVILLE	73
MARLBORO	66
HAMPTON	65
SPARTANBURG	58
JASPER	58
FAIRFIELD	38
ANDERSON	35
AIKEN	26
PICKENS	23
BAMBERG	23
CALHOUN	20
UNION	19
BARNWELL	15
GREENWOOD	11
NEWBERRY	10
OTHER*	1,144
Grand Total	47,873

Total COVID-19 testing

TESTING SITE TYPE	# TESTS
At Risk Testing	46,189
Fixed Testing	47,873
MUSC Charleston	16,069
Affiliated Facilities	15,256
Department of Corrections	3,771
MUSC Florence	2,795
MUSC Lancaster	707
MUSC Marion	618
MUSC Chester	480
MUSC Nursing Centers	349
Other	4,078
Grand Total	138,185

* “OTHER” includes counties that have less than 10 residents with completed tests, patients whose home county is outside South Carolina, and any registration discrepancies.