

Congress of the United States
Washington, DC 20510

March 15, 2020

Admiral Brett P. Giroir, M.D.
Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201-0004

Dear Admiral Giroir:

We write to you today to request that you discuss with private technology and supply providers the need to recognize non-public health departments such as the University of Arkansas for Medical Sciences (UAMS) as key components in states' (like Arkansas's) response to the current 2019 novel coronavirus disease (COVID-19) outbreak.

The Centers for Disease Control and Prevention (CDC) has acknowledged that the public health threat presented by COVID-19 is high. As such, extensive measures are being taken to limit the spread and impact of COVID-19.

Domestically, the CDC is coordinating with state and local health departments on preparing for and confronting any outbreaks of COVID-19 and has developed and distributed to public health labs across the nation a test to diagnose the virus.

Efficient, widely available, and accurate testing is crucial as we work to contain this outbreak. Currently, the state of Arkansas's COVID-19 capacity for testing is approximately forty people per day. It is imperative that we increase this capability before a significant increase in volume of cases occurs. One way for states, including ours, to cope is through utilizing equipment provided by private suppliers. For example, UAMS has access to a Roche diagnostic machine, but no compatible testing kits.

As you are aware, when CDC developed the COVID-19 test, it was made available to the public quickly and designed for the low-throughput machines of the nation's state and local public health laboratories – not high throughput commercial laboratories. Therefore, the kits available to entities like UAMS and the Arkansas Department of Health (ADH) cannot necessarily be used in the high throughput machines. The Roche machine is a high throughput machine.

In this interim period, while the nationwide tests are being prepared to come online, since Arkansas has access to a Roche machine, Arkansas should be able to obtain an adequate supply of kits to use as back-ups to the Arkansas Department of Health's testing ability.

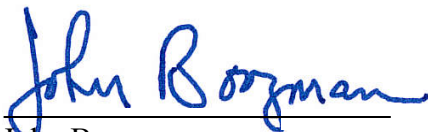
We know that Roche has the capacity to produce 400,000 testing kits per day but that they are currently prioritizing supplying large multi-state laboratories. We recently learned that when state health officials approached Roche to request allocation, they were told by a sales representative that the decision to deny supplies directly to states was made “in coordination with the CDC.” However, during a phone conversation with CDC Director Richard Redfield, M.D., he denied this. Given the scope of the COVID-19 outbreak and that states have the ability to “flatten the curve” of spread with adequate testing, this prioritization is extremely concerning.

In our view, Roche COVID-19 testing supplies should be directed to smaller, integral facilities with the Roche machine – such as UAMS in Arkansas – before the large labs are at full capacity. We want to take steps during this interim period, i.e., while waiting for the national diagnostic labs to come online.

The CDC is not willing to intervene between what they consider to be “private parties”. However, CDC shared our concerns and expressed their desire to see twenty percent of tests available to key state and local laboratories to be allocated as needed.

UAMS is critical for our state plan and must be high priority. Thank you for your consideration of this request and we look forward to working with you on this important issue.

Sincerely,



John Boozman
U.S. Senator



Tom Cotton
U.S. Senator



Rick Crawford
Member of Congress



French Hill
Member of Congress



Bruce Westerman
Member of Congress



Steve Womack
Member of Congress