June 26, 2020

The Honorable Lamar Alexander  The Honorable Patty Murray
U.S. Senate U.S. Senate
455 Dirksen Office Building 154 Russell Senate Office Building
Washington, DC  20510 Washington, DC  20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the CEO members of Business Roundtable who lead companies with collectively more than 15 million employees, we thank you for the opportunity to comment on how to better prepare the United States for future pandemics.

At the start of the COVID-19 outbreak, Business Roundtable companies immediately responded to address the critical shortage of medical equipment and supplies. Companies increased production and expanded access to diagnostic testing capacity, kept critical and essential services operating, and supplied day-to-day necessities such as food and medicine.

As the public health crisis continues, Business Roundtable companies have worked tirelessly to ensure safe and healthy work environments as more employees return to the job. At the same time, our companies are investing heavily in research and development of treatments and vaccines for COVID-19.

While the pandemic is not over, we appreciate the Committee’s efforts to identify actions that will make our country better prepared for and more resilient to pandemics going forward. Our member companies’ experiences responding to COVID-19 to date have revealed some important lessons:

1. **Strong federal leadership and coordination is imperative.** Roles, responsibilities, and expectations should be clearly delineated, distinguishing between federal, state and local government entities, and private sector stakeholders. The federal government should continuously update and regularly exercise data-driven, evidence-based pandemic response plans in concert with state and local governments, health-care providers and other key stakeholders. Pandemic-response plans should address both the public health and economic dimensions of the crisis.

2. **Build pandemic resilience with a focus on vulnerable and high-risk populations.** The pandemic continues to put tremendous strain on federal, state, and local public health infrastructure. Congress should provide significant and sustained support to build additional public health capacity at the state and local levels to

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2. **Build pandemic resilience with a focus on vulnerable and high-risk populations.** The pandemic continues to put tremendous strain on federal, state, and local public health infrastructure. Congress should provide significant and sustained support to build additional public health capacity at the state and local levels to
rapidly diagnose, trace and treat infectious diseases. Policymaker should pay special attention to increasing data-driven support for vulnerable and higher risk populations, including individuals who are more susceptible to adverse health outcomes, vulnerable to exposure, serve as essential workers, or suffer from economic hardships. Resources should be dedicated to prevent and mitigate disproportionate impacts on communities of color, which have been particularly hard hit by the current pandemic.

3. **Strengthen public-private partnerships to ensure timely availability of medical supplies, diagnostics, treatments, and vaccines.** The COVID-19 pandemic has put intense pressure on supply chains for medical supplies, equipment and healthcare delivery systems. While many supply chains have held up exceptionally well during the pandemic, the federal government could do a better job of supporting the private sector in ramping up capacity. The federal government should also serve as a backstop to provide critical medical supply, equipment and funding to enable robust testing and treatment in traditional and community-based settings.

4. **Modernize the pandemic surveillance and early warning system.** Effective disease surveillance is a key pillar of pandemic response and preparedness. The federal government should make long-term investments to update the country’s disease surveillance systems and enable seamless collection and sharing of public health data to rapidly detect and predict future outbreaks.

5. **Global pandemics require a global response coordinated with other governments and institutions.** International cooperation during a pandemic is essential for sustaining access to supplies, products and global supply chains that are critical to the public health response. Strong international partnerships are critical to ensure actionable information is shared worldwide in a timely and transparent manner to facilitate implementation of effective control measures and development of medical therapeutics. The U.S. should continue working within the World Health Organization to lead necessary reforms to improve international response and coordination to pandemics.

These overarching lessons guide the specific recommendations outlined in the pages that follow, which reflect the experiences of Business Roundtable companies in the COVID-19 pandemic. We offer them with the understanding that the private sector is one pillar of an effective national—and global—response.

Business Roundtable stands ready to work with the Committee to strengthen both public and private capacity to prevent and respond to future pandemics.

Sincerely,

Joshua Bolten
President & CEO
Business Roundtable
BUSINESS ROUNDTABLE RECOMMENDATIONS ON
PREPARING FOR THE NEXT PANDEMIC

1. Tests, Treatments and Vaccines

   a. Establish and communicate clear and consistent guidelines, streamline processes and remove barriers. Inconsistent guidance from federal authorities has created challenges for state, local and private sector responses to COVID-19. The federal government should learn lessons from these challenges while building on successful experiences to:

   i. Establish clear guidelines and criteria for making key decisions related to testing, vaccines, therapeutics, medical devices and related infrastructure. Clear, consistent guidance and prompt information sharing by the federal government regarding infection rates, disease hotspots, priority populations for testing, target testing rates and frequency, and the stock and flow of testing kits and equipment are critical to guide allocation and distribution of diagnostic and treatment resources across the country.

   ii. Direct the Centers for Disease Control (CDC) to develop expedited pathways for sharing specimens, sequences, standards, and other materials with test manufacturers to accelerate the R&D process necessary to rapidly develop accurate tests for novel viruses.

   iii. Streamline the process for the Food and Drug Administration (FDA) to provide laboratories and testing and treatment sites with Clinical Laboratory Improvement Amendments (CLIA) waiver certificates in a pandemic response context.

   b. Increase funding for scientific research. To prepare for the next pandemic, the federal government should provide expanded and sustained funding for scientific research to better understand infectious diseases. Funding should support basic and applied research on other microbial threats and unique public health challenges (e.g., antimicrobial resistance, antiviral research, vaccine platform technologies).

   c. Incentivize rapid development of capabilities and capacity. The federal government should develop a robust set of market-based incentives and policies to support rapid deployment and expansion of manufacturing capability for tests, vaccines, treatments, and medical equipment and supplies. This could include a mix of incentives for R&D activity, contract guarantees for manufacturers and purchasers, grand challenge prize grants and other policy tools.

   d. Utilize multiple production channels for early diagnostic test development. The threat posed by novel viruses and the challenge of quickly developing and scaling production of diagnostic tests call for parallel systems to provide more robust supply chains that were missing during the initial COVID-19 response. In the event
of a novel virus, Congress should direct the CDC to contract with multiple non-
governmental entities to develop diagnostic tests, in addition to creating its own test. This parallel approach to test development will ensure better risk management and increase the likelihood of independent supply chains for test production.

2. Disease Surveillance

a. **Modernize public health data infrastructure.** At the core of pandemic preparedness is the ability to efficiently track, share information, and respond to the spread of disease in real time. Congress should provide expanded, predictable, and long-term funding to modernize the nation’s disease surveillance systems, public health data infrastructure, and the supporting public health workforce. Specifically, Congress and federal agencies should work together to:

   i. Modernize federal data infrastructure by fully funding the CDC’s multiyear Public Health Data Modernization Initiative beyond Fiscal Year 2020.

   ii. Provide funding to support a digital transformation of state and local health department disease surveillance systems from purely manual systems to digital systems that allow for real-time data management.

   iii. Provide funding for state and local governments to hire and train sufficient contact tracing workers for scalable programs for future pandemics.

   iv. Set common standards for data collection, storage and sharing between states and federal agencies, and provide funding for states to update their systems to meet those standards. Invest in local health departments’ capacity to build and maintain databases that are interoperable with federal systems.

   v. Permit funding to be used for the buildout and modernization of federal, state and local public health data systems for a broad range of diseases rather than funding the development of siloed systems for different diseases.

   vi. Increase funding for real-time syndromic surveillance systems (e.g., CDC’s BioSense Platform) as well as analysis of anonymized mobility, over-the-counter pharmaceutical sales, and social media data for early detection and improved disease monitoring.

b. **Integrate digital tracing and tracking tools.** Congress should invest in a federally coordinated contact tracing network that integrates digital technologies to augment traditional manual tracing and hotspot tracking for infectious diseases. As current work on digital tools for contact tracing continues, these platforms should contribute to the creation of an evergreen “standby” contact tracing system.

c. **Set consistent standards for tracing and tracking.** Federal leadership should establish clear, nationally consistent standards and requirements for contact tracing across states, particularly around data collection, management, and information sharing. While the scale and tactics employed by states to conduct contact tracing
may vary depending on state-specific needs and circumstances, real-time visibility into tracing efforts and outcomes is critical to disease containment.

d. **Provide clear guidance on different types and use cases of testing.** CDC and other appropriate offices of the Department of Health and Human Services (HHS) should provide guidance to states and providers on the use cases of different tests, as well as protocols for monitoring of community spread. This should include guidance for providers on how to use serology (antibody) testing, as well as the value of those tests for vaccine/therapy development, disease surveillance, and the tracking of exposure, spread and prevalence of a disease in a community.

e. **Ensure privacy protections.** Given the extent of personal information (e.g., health, location and proximity information) collected and used in the course of effective contact tracing, Congress should establish uniform and clear privacy protections for data collected in the context of a public health emergency. Such protections are critical to advancing trust and participation in these programs, and should adhere to the principles of transparency, choice, minimization of personal data and nondiscrimination. (See Business Roundtable Paper ‘Protect Privacy of Personal COVID-19 Data’ for details.)

3. Stockpiles, Distribution and Surges

a. **Actively manage and maintain the Strategic National Stockpile (SNS) for long-term preparedness.** Prior to the U.S. COVID-19 outbreak, supplies in the SNS were far below levels adequate to meet initial surge demand and provide “bridge supply” while manufacturers ramped up capacity. Congress and federal agencies should adopt a more flexible, resilient approach to managing the SNS to ensure that high-quality, fully operational supplies are available at scale, wherever they are needed during a crisis, by taking the following actions:

i. Establish a new model for management and oversight of the SNS. Specifically, the government should move away from a simple procurement model and adopt a vendor-managed model in which suppliers are contracted to actively manage a rotating inventory of virtual and physical resources that can be maintained and deployed through existing networks to meet demand surge.

ii. Substantially increase funding for the SNS to cover tests that could rule out common infections, testing supplies (e.g., swabs, lancets, etc.), testing equipment, medical devices and equipment, and personal protective equipment—and expand the funding period beyond the current five years.

iii. Establish a process to determine the appropriate resource levels to be maintained in the SNS, as well as a process to periodically reassess the products that should be stockpiled. The federal government should ensure that targeted resource levels for products in the SNS are publicly shared to better inform planning efforts and that product definitions are inclusive of slightly differentiated formularies to provide suppliers maximum flexibility for meeting demand.
iv. Establish reserve of forward-deployed stocks of federally funded pandemic supplies in up to 500 commercial distribution locations throughout the United States.

b. **Safeguard supply chain flexibility and resilience.** Maintaining flexible, regionally diverse and resilient global supply chains will ensure that U.S. firms can access the raw materials, inputs and supplies needed to quickly ramp up production and distribution of critical supplies to meet demand during future pandemics. Stockpiling can provide a cushion in the event of trade disruptions or a spike in demand, but sustained access to critical items depends on resilient, diversified and flexible supply chains and coordination and cooperation with neighbors, allies and trade partners.

   i. Congress should authorize and the federal government should suspend or remove barriers and tariffs that increase the costs or reduce the availability of needed inputs and supplies during a pandemic.

   ii. The federal government should negotiate commitments with trade partners to secure and keep needed medical and personal protective equipment supply chains open and operating during future pandemics.

   iii. To protect health care providers and the public from those who seek to exploit the demand for critically needed supplies during a pandemic, Congress should ensure that the Department of Justice and Federal Trade Commission actively prosecute fraud and price gouging.

c. **Build real-time information sharing and coordination capabilities.** Lack of real-time visibility into distribution networks for critical supplies created challenges for the entities producing, purchasing and allocating these supplies during the COVID-19 response. In preparing for future pandemics the federal government should ensure that distribution channels for critical supplies are coordinated and organized around a real-time, central source of information. To that end, Congress and the federal government should:

   i. Establish a strong federal coordination role to coordinate pandemic resource procurement efforts by federal agencies, state and local health officials, and private health systems. Timely information sharing can facilitate this role, as private manufacturers and distributors lack the ability to view the entire national network of supply needs and adjust distribution and supply chains accordingly. This information will also enable local governments to make quick decisions about how to manage conditions on-the-ground.

   ii. Invest in capabilities and data infrastructure to enable a real-time view of how and where supplies are being distributed, providing an overview of resource stocks and flows that can be used to guide decision-making.

d. **Prioritize and plan for distribution.** In tandem with plans to improve information sharing and coordination, federal and state officials should develop distribution plans to ensure that critical resources are directed and efficiently delivered to where they are needed most, including:
i. Establish clear criteria to guide distribution of SNS resources in a risk-based, data-driven, efficient manner that directs resources to targeted areas of critical need.

ii. Evaluate the rapid-response capacity of transportation networks in a public health emergency and establish procedures to eliminate choke points and operational barriers, including by using military aircraft to complement commercial air cargo capacity when necessary and by negotiating commitments with trading partners to ensure multi-modal transportation networks can continuously operate safely across borders.

iii. Ensure that adequate testing infrastructure and supplies are available in underserved communities, using channels such as community health centers to reduce barriers and increase access to testing.

4. Public Health Capabilities

a. **Enhance federal public health communications.** Clear and frequent communication from CDC/FDA, HHS, and other federal, state and local agencies is a critical component of pandemic response. Intermittent, delayed or uninformative communication from the federal government to state and local health officials during the response to the current pandemic has caused confusion and knowledge gaps at the local level. The federal government should be prepared to better coordinate and disseminate public health information during future emergencies.

b. **Engage in regular, coordinated planning activities.** The degree of inter-agency, federal-state, and public-private collaboration needed to respond to a public health emergency with speed and agility requires extensive planning. The federal government also should coordinate planning with foreign governments and international institutions to align plans. This includes developing, discussing and routinely updating plans to ensure that roles, responsibilities and procedures are clear and actionable well in advance of the onset of an emergency.

   i. Develop and execute a shared research agenda across public and private institutions that goes beyond questions about testing, tracing and tracking, and vaccine development. This would include research to determine effective clinical protocols for treating novel viruses (e.g., who needs to be isolated and when), risk by population segment, disease progression, transmission risk by activity and vector, etc.

   ii. Invest in a robust public-private partnership to support flexible production that can meet future pandemic supply needs at scale. FEMA’s proposed “Voluntary Agreement for the Manufacture and Distribution of Critical Healthcare Resources Necessary to Respond to a Pandemic” could provide an important forum to improve coordination and visibility into supply production and distribution.

   iii. Establish a public-private partnership to regularly engage in preparedness exercises and tabletop scenarios on pandemic response and ensure that
planning resources are refined based on outcomes. Maintain updated critical infrastructure workforce definitions and guidance.

iv. Develop a comprehensive and easily accessible inventory of international, federal, state, and local emergency planning and response documents to quickly and accurately assess non-overlapping supply needs in a crisis.

v. Establish pandemic plans and engagement mechanisms with key trading partners and lead international pandemic preparedness efforts, including leadership to reform and improve the World Health Organization’s pandemic response efforts.

c. Protect individual health. The current pandemic has shown that the ripple effects of a public health emergency can extend beyond the direct impacts of the disease. The government should take every measure feasible to ensure that Americans continue to receive medical care and attention for other health needs even during a time of crisis, and that vaccination rates are sufficient to protect communities from viruses in the future.

i. Build on advances in telehealth services by addressing regulatory barriers to access, including originating site requirements.

ii. Provide clear public health messaging about the need to stay current with doctor-recommended vaccines, receive the flu vaccine during flu season, and receive an eventual COVID vaccine. These messages should be paired with operational funds to enable providers to make sites safer for non-COVID patients to get vaccinated.