A FRAMEWORK FOR GRADUALLY AND SAFELY REOPENING PENNSYLVANIA'S ECONOMY
EXECUTIVE SUMMARY

While extremely painful, the nearly universal closure of Pennsylvania businesses was understandable at the time. A shutdown would help to slow the transmission rate of the novel coronavirus (COVID-19 virus) and reduce the risk that some hospitals would become overwhelmed with critically ill patients. The good news is the worst is very likely behind us in Pennsylvania. On April 16th, Pennsylvania Secretary of Health Dr. Rachel Levine said “we have been able to flatten the curve” and “our health care system is staying stable.” According to the Institute for Health Metrics and Evaluation COVID-19 projection model, demand for hospital services in Pennsylvania peaked on April 18th, when nearly 40 percent of beds were empty and 70 percent of ventilators were unused.

This week, Pennsylvanians received more encouraging news when the largest health system in the commonwealth announced it would resume medically necessary procedures unrelated to COVID-19. This decision shows that health care resources in these areas will not be overwhelmed by COVID-19 patients.

Across the commonwealth, newly reported day-over-day COVID-19 cases began to decline two weeks ago (after April 9th) when 1,989 new cases were reported. While day-over-day new case reports may show anomalous spikes caused by data reporting delays and localized outbreaks in controlled environments, such as nursing homes, a consistent downward trend has been underway and identified by experts as an important metric for gauging progress against the virus.

This trend, while encouraging, does not tell the full story. In many Pennsylvania counties, it would be difficult to distinguish a reduction in new day-over-day cases because there never was a significant COVID-19 outbreak. Ten counties have fewer than ten cases. An additional ten have fewer than 20 total cases. Despite each only having one confirmed case of COVID-19, Cameron and Sullivan counties remain governed by the same lockdown rules as Philadelphia.

In some counties, outbreaks in nursing homes represent an outsize share of a county’s total case count. These heartbreaking outbreaks underscore the need for federal, state, and local governments to do everything possible to protect the most vulnerable citizens, such as enforcing continued facility lockdowns and prioritizing residents and their caregivers for receiving faster test results and supplies of personal protective equipment. However, an outbreak at a nursing home means that it is contained; it does not threaten the broader community. This must be considered when evaluating the situation of a given county or region. For example, in Beaver county, cases of COVID-19 in nursing homes account for more than 60 percent of all confirmed cases.

1 As of April 22, 2020.
While the forced closure of many businesses was appropriate, it came with a huge price. Some of the far-reaching social and economic costs of having closed the Pennsylvania economy are:

• Massive unemployment and associated economic hardship that is known to be correlated with increased “deaths of despair,” including those that result from suicide, drug abuse, and alcohol abuse. Social service providers believe cases of untreated mental illness, as well as child abuse and neglect, are increasing. Sadly, we should expect to see these trends continue with the lockdown.

• Suspending medically necessary or elective surgeries and procedures means that for many patients, their conditions will deteriorate as procedures like spinal surgeries and knee replacements are delayed. While they wait for the surgery they need, many patients will be prescribed addictive opioids to manage pain. Foregone biopsies and cancer screenings will delay the discovery of deadly diseases that otherwise may be treatable.

• Despite enormous government assistance measures, some businesses will fail and never come back. For the proprietors of these businesses, this means the loss of life savings, careers, and dreams. For their employees, it is the loss of jobs, careers, and opportunities. Business failures also disrupt and cause long-term damage to supply chains that will delay an economic recovery.

Based on projections and data produced by the Pennsylvania Department of Health (DOH), it seems that most local health care systems in Pennsylvania are no longer in danger of being overwhelmed. We should begin to take targeted steps, gradually and selectively, to resume business activity while protecting the most vulnerable among us. The alternative—an extended shutdown of virtually all commerce despite evidence it is safe to reopen—is not sustainable.

The approach to reopening Pennsylvania’s economy described herein is not based on anyone’s perception of which businesses are more important or worthy than others. Instead, this approach would allow any safe outdoor-centric businesses to reopen immediately, and allow others to reopen provided that (1) it meets the objective criteria required to protect employees and customers; and (2) it is located in a Pennsylvania region or county where reopening can proceed safely.

Using the most current publicly available data in Pennsylvania and metrics informed by the White House Coronavirus Task Force and the Centers for Disease Control and Prevention (CDC), this conceptual framework outlines how to gradually, safely, and locally reopen Pennsylvania’s economy.
A PHASED APPROACH TO REOPENING

INTRODUCTION

This framework contemplates an immediate resumption of certain outdoor-centric commerce and a sequential process of restoring work and economic activity in three phases. Several principles guide the progression through all three phases and each new phase requires that businesses meet objective, specified criteria. Criteria for moving to Phases II and III will be refined as new data is made available and circumstances, such as testing and treatment options available, dictate.

Immediate Statewide Resumption of Safe-to-Conduct Commerce
Certain outdoor-centric businesses should be permitted to reopen immediately provided they adopt social distancing, hygiene, and sanitation measures.

These businesses include:
• Construction, especially outdoor construction and home building, where workers can safely distance themselves from each other. Pennsylvania was one of just three states that halted non-essential road construction.
• Businesses where a substantial portion of merchandise is displayed outdoors like car dealerships and nurseries.
• Outdoor recreation such as golf courses.

PRINCIPLES CONSISTENT ACROSS ALL PHASES OF REOPENING

• Each phase will continue to take into special account vulnerable individuals, as defined by the CDC, commensurate for their increased risk of fatality.
• All individuals should continue adhering to safety precautions, like wearing face coverings and practicing social distancing, in order to avoid unknowingly spreading and contracting the virus.
• Employers should encourage telework whenever practical and make accommodations for vulnerable employees, as defined by the CDC.
• Social distancing, hygiene, and sanitation measures should be required by any place of business open immediately and during the three phases.
• The stay-at-home order for Pennsylvanians should be modified or lifted accordingly to reflect when individuals may frequent newly reopened businesses or participate in newly permissible activity.
• In the event of a future surge in COVID-19 cases, the response should be tailored to the facts and circumstances in the county or region of Pennsylvania experiencing the surge.
CRITERIA FOR MOVING TO A NEXT PHASE OF REOPENING

• Hospital capacity within the county or region of Pennsylvania must not be at-risk of being overwhelmed, according to criteria developed by the White House Coronavirus Task Force, which are:
  o Hospitals have the ability to treat all patients without crisis care; AND
  o Hospitals have testing in place for at-risk workers including emerging antibody testing;
• In addition, there should be reduced or minimal COVID-19 transmission in a Pennsylvania county or region, as determined by the governor in consultation with the Pennsylvania DOH and county officials, before reopening, such as:
  o Counties or regions with downward trajectories of new COVID-19 cases over 14 days (as per White House Task Force guidance);
  • The charts below show the current trajectory of new COVID-19 cases in Pennsylvania statewide and by region.

EPICURVE BY REGION AND DATE OF FIRST REPORT

![Graph showing the current trajectory of new COVID-19 cases in Pennsylvania]

SOURCE: PENNSYLVANIA DEPARTMENT OF HEALTH DATA AS OF APRIL 22

\(^1\) Anomalous data points that may result from reporting delays or temporary outlier increases in tests performed should be considered independently.

\(^2\) Consideration should also be given to how localized and controlled outbreaks, like those at nursing homes, may skew the data within an entire county.

\(^3\) The Governor in consultation with the Pennsylvania DOH and county officials may also take into consideration the rate of positive tests as a percentage of total tests performed.
Alternatively, as various health care and epidemiological experts have suggested, counties or regions within Pennsylvania that have a low volume of cases, can reopen at the discretion of the Governor in consultation with county officials. For example, the low-volume thresholds could be:

- A county has fewer than 25 cases per 100,000 individuals; or
- A county has fewer than 20 cases in total; or
- A county has not had an increase of more than 10 cases in a single day over a 14-day period
A county with fewer than 25 cases per 100,000 individuals

A county with fewer than 20 total cases

A county that has not had an increase of more than 10 new cases in a single day over a 14-day period

A county currently experiencing a downward trend consistent with the 14-day requirement and will be able to safely reopen by Monday

A county with more than 50% of cases attributable to nursing home residents and staff

SOURCE: PENNSYLVANIA DEPARTMENT OF HEALTH DATA AS OF APRIL 22nd
PHASE I

WHAT SHOULD RE-OPEN AND RESUME?

• Any business located in a county or region meeting the above criteria that can comply with reasonable measures to ensure the safety of employees and customers, such as those put in place for essential businesses by Dr. Rachel Levine’s April 15th order, or those recommended by the CDC. Many currently shuttered businesses are capable of complying with these measures—and similar business are already open in other hard-hit states. Illustrative examples include, but are not limited to:
  o Merchandise retailers, not just big box stores.
  o Many manufacturers, especially those with highly automated factories. This would enable all textile manufacturers capable of making masks and gloves to reopen.
  o Office-based employers.
• Health care providers, including hospitals, should be allowed to resume medically necessary procedures unrelated to COVID-19.
  o If the local health system is not at risk of being overwhelmed (see White House Coronavirus Task Force criteria), elective surgeries, scheduled appointments, and other medically necessary health care procedures should be allowed to resume.
  o Any hospital or health care provider resuming elective and medically necessary procedures should follow guidance put forth by CMS.
  o The Pennsylvania DOH should continue to work with health care providers to ensure a stable supply of personal protective equipment and the adoption of proper sanitation measures.
• When conducting services, places of worship should be encouraged to adhere to standards that protect congregants, such as by adopting the measures for businesses reopening in Phase I.

WHAT SHOULD NOT RESUME?

• Nursing homes and other long-term care living facilities must remain closed to visitors to protect residents.
• Vulnerable residents at higher risk of severe illness, as defined by the CDC, should continue to shelter-in-place.
• Social gatherings of more than 10 people.
• In-person restaurant dining, bars.
• Entertainment venues (theaters, concerts, sports arenas, etc.).
TESTING

• The Pennsylvania DOH should explore whether it may be necessary to create a clearinghouse to match the available testing capacity of Pennsylvania labs with specimens to be tested. Currently, when a clinician swabs a patient, the sample may be routed to a more distant laboratory due to pre-COVID-19 requirements like an existing insurance contract. With capacity at some commercial labs stretched, nearby hospital labs with excess capacity could be available to perform these tests more expeditiously.
• The Pennsylvania DOH should create a plan to deploy emergency testing to counties that may experience a setback.
• The federal government can and should dedicate significant resources to assist in the scaling and distribution of additional test materials, and should continue to assist states until they meet full testing capacity.
• While testing capacity remains limited, frontline health care workers, essential workers like law enforcement officers, and high-risk populations such as seniors and immune-compromised persons, should receive priority for testing at commercial and public labs.
• The Pennsylvania DOH should establish a plan to run antibody tests in all health care workers, starting with emergency responders, hospital emergency department workers, and workers at long-term care living facilities.
• The Pennsylvania DOH should establish a plan to run antibody tests in an effort to determine a statistically valid estimate of infection rates across the commonwealth and by county and region.
PHASE II

To move a Pennsylvania county or region from Phase I to Phase II, the county or region should satisfy the requirements that local or regional hospital capacity is not at risk of being overwhelmed and there is reduced or minimal COVID-19 transmission. Additionally, the timing of Phase II implementation should be a function of the Phase I results in a county or region as well as a variety of factors that will greatly assist efforts in combatting the virus, including:

• Capacity to test for the presence of the virus;
• Capacity to test for immunity to the virus;
• Availability of COVID-19 therapies; and
• The development of contact tracing.

WHAT SHOULD REOPEN AND RESUME?

• Relatively high-traffic retail establishments, such as restaurants, bars, and fitness centers, may reopen with certain limitations, like diminished maximum occupancy, and proper social distancing and hygiene protocols.
• Schools can begin to reopen under the direction of the Pennsylvania Department of Education (DOE) and local school districts.
• Travel within the United States to regions not currently experiencing high levels of COVID-19 cases.

WHAT SHOULD NOT RESUME?

• Nursing homes and long-term care facilities should remain closed to visitors to protect residents.
• Vulnerable residents should continue to shelter-in-place.
• Entertainment venues (theaters, concerts, sports arenas, etc.).
To move a Pennsylvania county or region from Phase II to Phase III, the county or region should again satisfy the requirements that local or regional hospital capacity is not at risk of being overwhelmed and there is reduced or minimal COVID-19 transmission. Phase III implementation will further depend upon significant progress in a combination of increased testing capacity and effective therapies for COVID-19.

If the population-level antibody testing program shows significantly higher rates of COVID-19 infection than previously thought, then the COVID-19 mortality rate is very likely lower than currently estimated. If this is the case, the governor, in consultation with county officials, should consider this in his decision to move a county or region of Pennsylvania from Phase II to Phase III.

WHAT SHOULD REOPEN AND RESUME?

• Entertainment venues under strict social distancing, sanitation, and hygiene requirements.
• Relatively high-trafficked retail establishments with previous limits on occupancy, such as restaurants, bars, and gyms, will be able to increase their maximum occupancy.

WHAT SHOULD NOT RESUME?

• Nursing home and long-term care facility restrictions should not be relaxed until there is sufficient rapid testing for all new admissions, visitors, residents and staff or there is a vaccine readily available. If family members have proof of immunity to COVID-19, visitors may be approved by the facility.
• Social gatherings of more than 10 people can be allowed.
The current discussion on reopening the economy should hearten Pennsylvanians in their resolve against the virus because it means we have achieved an important milestone: the worst of this current wave of COVID-19 cases has passed. The number of new COVID-19 cases reported each day is trending lower. Pennsylvania’s health care system has not been, and in many parts of the state, will not be, in danger of being overwhelmed. Meanwhile, much of the commonwealth was mostly spared from the virus altogether.

Additionally, progress continues to be made to increase testing capacity, both for the presence of the virus and immunity to it. On April 21, 2020, the U.S. Senate passed legislation allocating $25 billion for the development of new tests and the expansion of existing testing capacity. Further, more than 160 drugs and vaccines are being tested and developed to address COVID-19. Public health departments are racing to scale up the ability to deploy contact tracing and surveillance on a broad basis to quickly find and quash new outbreaks.

This progress should give us greater confidence that the public health and health care infrastructures will be better prepared to deal with any subsequent waves of COVID-19. With this in mind, the next logical step we must take is to begin discussing, planning for, and where possible, actually reopening areas of Pennsylvania. As this framework makes clear, parts of Pennsylvania can—and should—begin to reopen gradually, safely, and locally.