

# ON THE FRONT LINE: HOW GOVERNORS ARE BATTLING THE COVID-19 PANDEMIC

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## VIRTUAL HEARING BEFORE THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS OF THE COMMITTEE ON ENERGY AND COMMERCE HOUSE OF REPRESENTATIVES ONE HUNDRED SIXTEENTH CONGRESS

SECOND SESSION

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## ON THE FRONT LINE: HOW GOVERNORS ARE BATTLING THE COVID-19 PANDEMIC

TUESDAY, JUNE 2, 2020

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,  
COMMITTEE ON ENERGY AND COMMERCE,  
*Washington, DC.*

The subcommittee met, pursuant to call, at 11:33 a.m., via Cisco Webex online video conferencing, Hon. Diana DeGette (chair of the subcommittee) presiding.

Members present: Representatives DeGette, Schakowsky, Kennedy, Ruiz, Kuster, Castor, Sarbanes, Tonko, Clarke, Peters, Pallone (ex officio), Guthrie (subcommittee ranking member), Burgess, McKinley, Griffith, Brooks, Mullin, Duncan, and Walden (ex officio).

Also present: Representatives Butterfield, Welch, Dingell, Bilirakis, Walberg, Carter, and Gianforte.

Staff present: Kevin Barstow, Chief Oversight Counsel; Jessecia Boyer, Professional Staff Member; Jeffrey C. Carroll, Staff Director; Austin Flack, Staff Assistant; Waverly Gordon, Deputy Chief Counsel; Tiffany Guarascio, Deputy Staff Director; Zach Kahan, Outreach and Member Service Coordinator; Chris Knauer, Oversight Staff Director; Kevin McAloon, Professional Staff Member; Kaitlyn Peel, Digital Director; Peter Rechter, Counsel; Tim Robinson, Chief Counsel; Benjamin Tabor, Staff Assistant; Jen Barblan, Minority Chief Counsel, Oversight and Investigations; Mike Bloomquist, Minority Staff Director; Diane Cutler, Minority Detailee, Oversight and Investigations; Tyler Greenberg, Minority Staff Assistant; Brittany Havens, Minority Professional Staff Member, Oversight and Investigations; Tiffany Haverly, Minority Communications Director; Peter Kielty, Minority General Counsel; Ryan Long, Minority Deputy Staff Director; Alan Slobodin, Minority Chief Investigative Counsel, Oversight and Investigations; and Everett Winnick, Minority Director of Information Technology.

Ms. DEGETTE. The Subcommittee on Oversight and investigations hearing will now come to order.

Today, the Subcommittee on Oversight and Investigations is holding a hearing entitled “On the Front Line: How the Governors are Battling the COVID-19 Pandemic.” The purpose of today’s hearing is to examine States’ responses to the COVID-19 pandemic, including efforts to increase testing capacity.

Due to the COVID-19 public health emergency, today’s hearing is being held remotely. All Members and staff will be participating via videoconferencing. As part of our proceedings, microphones will

be set on mute for the purpose of eliminating inadvertent background noise. Members and witnesses, you will need to unmute your microphone each time you wish to speak.

If at any time during the hearing I have technical difficulties and I am unable to chair the meeting, then the chairman of the full committee, Chairman Pallone, will serve as chair until I am able to return.

Documents for the record can be sent to Benjamin Tabor at the email address that we've provided to staff. All documents will be entered into the record at the conclusion of the hearing.

And the Chair will now recognize herself for purposes of an opening statement.

**OPENING STATEMENT OF HON. DIANA DeGETTE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF COLORADO**

I want to thank all of our witnesses for appearing before the subcommittee, and we look forward to all of your testimony. All of you three Governors have a unique perspective to give us, and we look forward to hearing it.

And I just want to say also, as a moment of personal privilege, that you've been dealing with the very, very difficult events of the last few days, and I know all of us have been grappling with the terrible, terrible murder in Minnesota, and then the peaceful demonstrations and some of the disruptions after that. So it really means a lot to us that you would take the time to come and talk to our committee about the coronavirus epidemic, and we just thank you very much.

Today, the Energy and Commerce Committee is holding its first virtual hearing. As the oldest standing committee in the House of Representatives, this is an historic occasion for the Congress and this committee, and this unusual setting is a testament to unprecedented times. Nonetheless, the responsibilities of the subcommittee continue, most importantly with oversight of our committee's response to COVID-19.

We've come a long way in our fight against COVID-19, but we must not get complacent. New cases and deaths are still rising in some States, and public health experts warn of a second wave if we relax social distancing measures without sufficient safeguards, such as contact tracing and testing. Committee leaders have repeatedly emphasized that widespread testing is key to both monitoring the spread of coronavirus and enabling States and communities to safely reopen.

But 6 months into the crisis, there is still not enough testing being done. The Trump administration has a long record of broken promises when it comes to testing. Back in the first week of March, Vice President Pence estimated that 1.5 million tests would be available by the end of the week, but a week later, only 4,000 tests had been conducted across the country, according to the COVID Tracking Project.

We all remember when President Trump visited the CDC on March 6 and declared, quote, "Anybody that needs a test can have a test. They're all set. They have them out there." Those infamous



words were simply untrue, with States and doctors across the country pleading for more tests.

Then, on March 15th, HHS said that 1.9 million tests would be available the next week, calling it a, quote, “game changer.” A week later, only 250,000 tests had been conducted nationwide in total, far short of the 1.9 million that had been promised.

And, again, on March 19th, the FDA staff told committee staff that over 27 million tests would be available by March 28. That was clearly an absurd promise because, even today, in a country with over 329 million people, only about 17 million tests have been conducted. And still, the administration keeps overpromising. As recently as May 11, President Trump said again, quote, “If people want to get tested, they get tested.”

When it comes to testing, this has just been untruth after untruth. President Trump’s strategy for testing has been to bury his head in the sand and hope that the pandemic miraculously disappears. If we are going to give the American public confidence that they can resume familiar activities and safely return to work, we need to greatly expand testing to more people, including asymptomatic people.

Some public health experts estimate that the U.S. needs to be testing at least twice as many people as it is right now, up to 7 million per week. This will require more engagement by the administration, which so far has not happened. And the fall is going to present an entirely new challenge for us. Nearly every State is already in the process of reopening. And without a vaccine, we will face a possible second wave of coronavirus infections just at the same time we enter the influenza season. So now is the time to get it right.

The administration is promising 40 to 50 million tests per month by September. I would like to give them the benefit of the doubt, but with this track record, the administration simply has no credibility in this matter.

Let’s be clear: The States and Governors on the front lines of this crisis are working round the clock, doing everything they can to address shortages and help their communities, but there’s only so much that any one Governor can do in this global crisis without clear, effective leadership from the Federal Government. As more communities reopen this summer and as we head into the fall, we cannot repeat the chaos we saw this spring, with States scrambling for tests and competing with one another for critical supplies.

Again, I’m grateful to the witnesses today for taking the time as they oversee the COVID-19 responses in their States. Governors Whitmer and Hutchinson, I thank you for bringing your insight into this issue. And I want to thank my homie, Governor Polis, who’s right around the corner from me right now, who has really been at the helm in Colorado.

While 20-to-50-year-olds represent the majority of cases here in Colorado, of course, we all know it’s the elderly who are suffering the most severe effects, including death. And, like many other States, communities of color in Colorado have been disproportionately impacted by this disease. Each of the three of you has a monumental task before you, and it’s important that the committee

hear from you about the challenges you face and what more you need from Congress and the administration.

We've come a long way, and I look forward to hearing from the witnesses about the progress made in their States, how we might replicate that success elsewhere, and what we can do to help as we move forward throughout the summer and the fall. It's a national emergency, and only a coordinated national effort will allow us to emerge from this crisis.

[The prepared statement of Ms. DeGette follows:]

#### PREPARED STATEMENT OF HON. DIANA DEGETTE

Today, the Energy and Commerce Committee is holding its first virtual hearing. As the oldest standing committee in the House of Representatives, this is an historic occasion for the Congress and this committee, and this unusual setting is a testament to unprecedented times. Nevertheless, the responsibilities of this subcommittee continue, most importantly, with oversight of our country's response to COVID-19.

We have come a long way in our fight against COVID-19, but we must not get complacent. New cases and deaths are still rising in some States, and public health experts warn of a second wave if we relax social distancing measures without sufficient safeguards, such as contact tracing and testing.

Committee leaders have repeatedly emphasized that widespread testing is key to both monitoring the spread of coronavirus, and enabling States and communities to safely reopen. But six months into this crisis, there is still not enough testing being done.

The Trump administration has a long record of broken promises when it comes to testing.

Back in the first week of March, Vice President Pence estimated that 1.5 million tests would be available by the end of the week, but a week later only 4,000 tests had been conducted across the country, according to the COVID Tracking Project.

We all remember President Trump visited the CDC on March 6th and declared [quote], "Anybody that needs a test can have a test. They're all set; they have them out there." Those infamous words were simply a lie, with States and doctors across the country pleading for more tests.

Then on March 15th, HHS said that 1.9 million tests would be available in the next week, calling it a [quote] "game changer." A week later, just over 250,000 tests had been conducted in total—far short of the 1.9 million that had been promised.

And on March 19th, FDA told committee staff that over 27 million tests would be available by March 28th. That was clearly an absurd promise, because even today, in a country with over 329 million people, only about 17 million tests have been conducted.

And still, the Trump administration keeps overpromising. As recently as May 11th, President Trump said [quote] "if people want to get tested, they get tested."

When it comes to testing, this administration has told lie after lie. President Trump's strategy for testing has been to bury his head in the sand and hope this pandemic miraculously disappears.

If we are going to give the American public confidence that they can resume familiar activities and safely return to work, we need to greatly expand testing to more people, including asymptomatic people.

Some public health experts estimate that the U.S. needs to be testing at least twice as many people as it is right now—up to 7 million per week. That will require more engagement by the administration, which so far has not risen to the occasion.

This fall will present an entirely new challenge for us. Nearly every State is already in the process of reopening—and without a vaccine, we will face a possible second wave of coronavirus infections, just as we enter influenza season. So now is the time to get it right.

The administration is promising 40 to 50 million tests per month by September. I would like to give them the benefit of the doubt, but with their track record, this administration simply has no credibility.

Let's be clear. The States and Governors on the front lines of this crisis are working around-the-clock, doing everything they can to address shortages and help their communities. But there is only so much any Governor can do in this global crisis without clear, effective leadership from the Federal Government.

As more communities reopen this summer, and as we head into the fall, we cannot repeat the chaos we saw this spring with States scrambling for tests and competing with one another for critical supplies.

I am grateful to the witnesses today for taking the time out of their busy schedules as they oversee the COVID-19 responses in their States. Governors Whitmer and Hutchinson, I thank you for bringing us your insight into this issue. And I also thank Governor Polis from my State of Colorado, which has been hard-hit by the coronavirus—especially in Denver.

While 20-to-50-year-olds represent the majority of cases here in Colorado, it is the elderly who are suffering the most severe effects, including fatality. And, like many other States, communities of color in Colorado have been disproportionately impacted by this disease.

Each of these Governors has a monumental task before them, and it is important for the committee to hear from them about what challenges they face, and what more they need from Congress and the Trump administration.

We have come a long way—and I look forward to hearing from the witnesses about progress made in their States, and how we might replicate that success elsewhere.

But these States cannot do it on their own. This is a national emergency, and only a coordinated national effort will allow us to emerge from this crisis.

I yield back.

Ms. DEGETTE. And, with that, I am happy to yield 5 minutes to the ranking member of the subcommittee, Mr. Guthrie, for purposes of an opening statement.

**OPENING STATEMENT OF HON. BRETT GUTHRIE, A REPRESENTATIVE IN CONGRESS FROM THE COMMONWEALTH OF KENTUCKY**

Mr. GUTHRIE. Thank you very much. I thank you for yielding. And I want to appreciate the Governors for being here today. A little connection to all of you. Governor Polis, you may not remember it, but you're the first person I met when I got to DC as a new Member. We were checking in for new Member orientation together. And great to hear that your kids are doing well, Marlon is doing well.

Governor Hutchinson, I don't have a degree, but three family members have degrees from Harding University in Searcy, Arkansas, and very proud and a great school.

And Governor Whitmer, my wife and I, when I first left the Army, lived in Grand Rapids. I was studying—my family's in automotive supply, so we lived off 28th Street and Breton right at the corner in a little apartment and worked in Grandville.

So I appreciate the opportunity for you to be here, particularly during these challenging times, dealing with the ongoing coronavirus pandemic and now the unrest.

My own home State of Kentucky and city of Louisville is grappling with the tragic death of Breonna Taylor, and now another businessperson, David McAtee, was killed, I think, 2 days ago. And so we're all going through these together. I know we're going to work through these issues and come out a better country at the other end, and proud of the hard work you guys are doing.

There are a lot of important oversight hearings that we need to have on the COVID-19 pandemic, and I'm glad the first Oversight and Investigations hearing that I worked with the chair together on is focused on the critical issue of COVID-19 testing.

The Federal Government and States have faced many challenges in increasing COVID-19 testing capacity. This is especially true in

my home State of Kentucky. In mid-April, Kentucky's daily testing rate was below 20 per 100,000 residents. Thankfully, Kentucky has significantly increased its testing capacity over the last few weeks, and Kentucky has now exceeded the daily average amount of testing recommended by the White House.

The Federal Government has made substantial efforts for States to increase testing capacity. Given the increased worldwide demand, there have been shortages of various components needed to collect samples and perform the tests, including swabs, transport media, reagents, and personal protective equipment. I appreciate how rapidly the Federal Government, the States, and the private sector have acted to help address these supply issues. For example, through Laboratory Diagnostic Testing Task Force, the Federal Government and industry have developed a better understanding of challenges in the supply chain and expected inventory. And HHS and FEMA have worked diligently to address these issues, including by obtaining swabs and biotransport media for States. The Federal Government also used the Defense Production Act to increase domestic production of swabs.

In addition, the FDA is continuously working to promote the development of diagnosis tests for COVID-19 in order to achieve a more rapid testing capacity. As of May 27th, the FDA had worked with more than 400 test developers and had authorized 113 tests under emergency-use authorization, including 100 molecular tests, 12 antibody tests, and one antigen test. All of these efforts have enhanced U.S. testing capacity over the last month.

The U.S. has achieved more than 400,000 tests a day several times, nearly hitting 500,000 tests in a single day last week. States are reaching recommended levels of COVID-19 testing. Kentucky's testing target for May is about 2.95 percent, which exceeds the Federal Government's recommendation that States test 2 percent of their population in May and June.

The Federal Government and States have also worked diligently to develop and implement testing plans. The Trump administration recently released an 81-page COVID-19 strategic testing plan. According to the report, HHS anticipates that the U.S. will be able to perform 40 to 50 million tests by September, including about 25 million point-of-care tests.

All of this hard work is not only important to improve the immediate response to COVID-19 pandemic, but to also prepare for a possible second wave of COVID-19 cases. Committee Republicans have been closely examining current issues on how to best prepare for a second wave of COVID-19 cases.

Today, we released a report on the first pillar of our work focused on COVID-19 testing and surveillance. We expect to release the rest of the work as it is finalized. The 50-page report that was released today addresses a number of important issues related to COVID-19 testing, ranging from biodetection testing and antibody testing to contact tracing and surveillance.

One issue we examine in this work, and I hope we talk about today, is how we can make sure that we are best prepared for potential overlap of COVID-19 and influenza cases in the fall. I am looking forward to the conversation we're going to have today. I greatly appreciate all three of our witnesses and Governors for tak-

ing time from their extremely busy schedules to be here. And while we made a lot of improvement over the last few months, our work is not done. And as we continue to work on drafting more legislation responding to the COVID-19 pandemic, it is especially important to hear State perspectives.

I thank you ,and I yield back.

[The prepared statement of Mr. Guthrie follows:]

#### PREPARED STATEMENT OF HON. BRETT GUTHRIE

Thank you, Chair DeGette, for holding this important virtual hearing today. I also want to thank the Governors for taking the time out of their busy schedules to join us today. These are challenging times, first with responding to the ongoing coronavirus pandemic and now with unrest around the country. My home State of Kentucky has been grappling with the tragic death of Breonna Taylor. I appreciate you all coming today as we work together through these issues.

There are a lot of important oversight hearings that we need to have on the COVID-19 pandemic, and I am glad the first Oversight and Investigations hearing is focused on the critical issue of COVID-19 testing.

The Federal Government and States have faced many challenges in increasing COVID-19 testing capacity. This has been especially true in my home State of Kentucky. In mid-April, Kentucky's daily testing rate was below 20 per 100,000 residents. Thankfully, Kentucky has significantly increased its testing capacity over the last few weeks, and Kentucky has now exceeded the daily average amount of testing recommended by the White House.

The Federal Government has made substantial efforts for States to increase testing capacity. Given the increased, worldwide demand, there have been shortages for various components needed to collect samples and perform the tests, including swabs, transport media, reagents, and personal protective equipment (PPE). I appreciate how rapidly the Federal Government, the States, and the private sector have acted to help address these supply issues.

For example, through the Laboratory Diagnostic Testing Task Force, the Federal Government and industry have developed a better understanding of challenges in the supply chain and expected inventory, and HHS and FEMA have worked diligently to address these issues, including by obtaining swabs and viral transport media for States. The Federal Government has also used the Defense Production Act to increase domestic production of swabs.

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All of these efforts have enhanced U.S. testing capacity. Over the last month, the U.S. has achieved more than 400,000 tests a day several times, nearly hitting 500,000 tests in a single day last week. States are reaching recommended levels of COVID-19 testing. Kentucky's testing target for May is about 2.95 percent, which exceeds the Federal Government's recommendation that States test 2 percent of their population in May and June.

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All of this hard work is not only important to improve the immediate response to the COVID-19 pandemic, but also to prepare for a possible second wave of COVID-19 cases. Committee Republicans have been closely examining current issues and how to best prepare for a second wave of COVID-19 cases. Today, we released a report on the first pillar of our work focused on COVID-19 testing and surveillance. We expect to release the rest of the work as it is finalized.

The 50-page report we released today addresses a number of important issues related to COVID-19 testing, ranging from viral detection testing and antibody testing to contact tracing and surveillance.

One issue we examine in this work that I hope we can talk about today is how we can make sure that we are best prepared for the potential overlap of COVID-19 and influenza cases in the fall. The development of combined diagnostic testing kits for both COVID-19 and influenza would allow providers to quickly determine

whether a patient is infected with influenza or COVID-19. The FDA has already issued two EUAs for laboratory diagnostic tests that detect numerous respiratory viruses, including both COVID-19 and influenza. We need to continue to prepare for the possible resurgence of COVID-19 cases in the fall when influenza season begins.

I am looking forward to the conversation. I greatly appreciate all three of our witnesses taking the time out of their busy schedules to testify today.

While we have made a lot of improvements over the last few months, our work is not done. As we continue to work on drafting more legislation responding to the COVID-19 pandemic, it is especially important to hear State perspectives.

Ms. DEGETTE. I thank the gentleman for yielding back.

I would advise Members, in case you are unaware of this, there is a window on your screen that says “123 Clock,” and this will count down from 5 minutes for either your statements or questioning, and then it will start going over. And if that’s not working for you, try clicking on it, and we hope that it will work.

The Chair now will recognize the chairman of the full committee, Mr. Pallone, for 5 minutes for purposes of an opening statement. Mr. Pallone.

**OPENING STATEMENT OF HON. FRANK PALLONE, JR., A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY**

Mr. PALLONE. I want to thank Chairwoman DeGette for doing this. The chairwoman has been very much involved during this COVID crisis and doing some really excellent oversight and investigation, and so, Diana, I particularly want to thank you for that and for putting this together today.

And I also want to mention the other Coloradan, Governor Polis—because I always love to see our former colleagues become Governors or Senators or President or whatever—and the other Governors, too, for being with us today.

We’ve had, in my district, several peaceful protests over the last few days, so I’ve been happy with the fact that they have been peaceful, and hopefully that continues in our State and throughout the country. But the hearing today is basically continuing our work to confront COVID-19 and to hear from Governors about what more the Federal Government can and should be doing to help in our Nation’s response.

It’s essential that we unite to combat this virus so that we can save lives, protect communities, and safely reopen our economy, and the only way that we’re going to do that is through a coordinated national strategy that increases testing and dedicates sufficient resources to contact tracing, surveillance, and containment.

Unfortunately, President Trump continues to refuse to put in place a national strategy for moving forward. And it’s just the latest example, in my opinion, of the President’s failures to properly recognize the crisis that we face. At first, the President scoffed at those who were raising alarm about COVID-19, and insisted the virus would go away. And then, as the threat became more undeniable, he refused any responsibility. And for months, he has failed to develop and implement a national testing program with clear goals and plans for achieving them.

And this failure of leadership at the national level has forced States to fend for themselves, oftentimes competing against each

other on the open market for critical tests, personal protective equipment, ventilators, and other resources they need to fight this virus. And States were essentially bidding against each other, which drives up prices for the resources that will continue to be needed in the weeks and months ahead. And this is not the way to combat a national public health crisis. And, of course, being in New Jersey, which is one of the hardest-hit States, I'm particularly concerned about this, but I care about it for the whole country.

The President continues, in my opinion, to abdicate his responsibility. So House Democrats took bold action last month by passing the HEROES Act. This legislation provides critical healthcare resources that are needed, including up to \$75 billion in grants to support robust testing, contact tracing, surveillance, and containment activities.

The HEROES Act also finally requires the Trump administration to develop comprehensive and coordinated strategies for testing, contact tracing, and surveillance, and provides greater transparency in real time around supplies, testing, and infection rates, and the HEROES Act requires clear benchmarks and timelines and brings public accountability to this entire process.

And we, also in the HEROES Act, shore up our public health infrastructure by replenishing much-needed medical supplies, modernizing how we use the Strategic National Stockpile, and installing a medical supplies response czar. We also require the administration to provide clear accounting for the work being done now in preparation for the manufacturing and distribution of a future vaccine, and identify what more must be done to ensure that the vaccine can be swiftly available to all who need it.

The HEROES Act also puts in place clear guidelines for how an additional \$100 billion in resources for the Provider Relief Fund should be distributed and ensures those resources are allocated to our hospitals and front-line healthcare providers in an equitable and efficient way.

Now, because of the Governors, I also want to mention that the HEROES Act supports States' Medicaid programs by increasing the Federal Matching Assistance Percentage, or FMAP, by 14 percentage points, and increases Federal payments for Medicaid services for patients in home and community-based care. And this is critical to States that are facing dire financial situations as the results of the pandemic, and it allows them to continue providing essential healthcare services.

Now, Governors, I haven't mentioned, of course, the fact that we have direct aid for States and municipalities in the HEROES Act as well. That's not in our jurisdiction, but obviously very important. And it ensures that all COVID-19 treatment is free without cost-sharing for all Americans, so that nobody has to worry about the cost of getting treatment or vaccines.

So, you know, we have that in the CARES Act that the testing was free. Now the treatment and the vaccine would be free as well. Obviously, I think the Senate should act on this, because we're not going to be able to beat this virus without the HEROES efforts in place.

So I just wanted to welcome the three Governors who have all faced challenges in responding to this public health threat. As the

committee continues its oversight under Chairwoman DeGette and considers further legislative action, it's important for us to hear from the Governors on what's working, what isn't working, and what more they need, either from the Federal Government or from Congress.

And I know you guys are on the front line. I know how important it is for us to help the Governors and the States, and certainly our committee will be fully cognizant as we proceed.

So thank you again, Diana. I yield back.

[The prepared statement of Mr. Pallone follows:]

PREPARED STATEMENT OF HON. FRANK PALLONE, JR.

This virtual hearing will continue our work to confront COVID-19, and to hear from Governors about what more the Federal Government can and should be doing to help in our Nation's response.

It's essential that we unite to combat this virus so that we can save lives, protect communities and safely reopen our economy.

The only way we can do this is through a coordinated national strategy—a strategy that increases testing and dedicates sufficient resources to contact tracing, surveillance, and containment.

Unfortunately, President Trump continues to refuse to put in place a national strategy for moving forward. It is just the latest example of the President's failures to properly recognize a crisis before us. At first, President Trump scoffed at those who were raising alarm about COVID-19 and insisted the virus would go away. Then, as the threat became undeniable, he refused any responsibility. For months he has failed to develop and implement a national testing program, with clear goals and plans for achieving them.

This failure of leadership at the national level has forced States to fend for themselves—oftentimes competing against each other on the open market for the critical tests, personal protective equipment, ventilators and other resources they need to fight this virus. States are essentially bidding against each other—driving up prices for the critical resources they will continue to need in the weeks and months ahead. This is not the way to combat a national public health crisis.

While the President continues to abdicate his responsibility, House Democrats once again took bold action last month by passing the HEROES Act. This legislation will provide critical healthcare resources that are needed, including up to \$75 billion in grants to support robust testing, contact tracing, surveillance, and containment activities.

This legislation will also finally require the Trump administration to develop comprehensive and coordinated strategies for testing, contact tracing, and surveillance, and provide greater transparency, in real-time, around supplies, testing, and infection rates. The HEROES Act requires clear benchmarks and timelines and brings public accountability to this entire process.

We also shore up our public health infrastructure by replenishing much-needed medical supplies, modernizing how we use the Strategic National Stockpile, and installing a Medical Supplies Response czar. We also require the administration provide clear accounting for the work being done now in preparation for the manufacturing and distribution of a future vaccine and identify what more must be done to ensure that the vaccine can be swiftly available to all who need it.

The HEROES Act also puts in place clear guidelines for how an additional \$100 billion in resources for the Provider Relief Fund should be distributed, and ensures these resources are allocated to our hospitals and frontline healthcare providers in an equitable and efficient way.

The legislation supports States' Medicaid programs by increasing the Federal Matching Assistance Percentage, or FMAP, by 14 percentage points and increases Federal payments for Medicaid services for patients in home and community-based care. This is critical to States that are facing dire financial situations as a result of the pandemic, and it will allow them to continue providing essential healthcare services.

Our legislation also ensures that all COVID-19 treatment is free, without cost sharing for all Americans so that nobody has to worry about the costs of getting treatment or vaccine for this virus.

The Senate should act on this legislation immediately. We simply cannot beat this virus without these efforts in place.



Let me welcome our three Governors who have all faced challenges in responding to this public health threat. As the committee conducts its oversight and considers further legislative action, it is important for us to hear from the Governors on what's working, what isn't working, and what more they need—either from the Federal Government or Congress. I thank all of you for joining us today to share your views from the front line of this pandemic.

It is clear that we must collectively find solutions to stop the spread of this devastating virus so that we can safely and confidently reopen our communities and our economy.

I yield back.

Ms. DEGETTE. I thank the gentleman. And I'm now pleased to recognize the ranking member of the full committee, Mr. Walden, for 5 minutes for purposes of an opening statement.

**OPENING STATEMENT OF HON. GREG WALDEN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OREGON**

Mr. WALDEN. Well, good morning, Madam Chair, and Chair Pallone, and to our Governors, welcome. This is an important hearing.

I want to say at the outset, just on a technical note, apparently C-SPAN has not been able to get the audio up for this hearing. So one of those things if the public is trying to watch it on C-SPAN, they're not going to be able to hear your opening statements, at least not yet.

I was pleasantly surprised to see that accommodations were made so those of us in Washington could meet here in our committee room. As you know, in approving the hearings, the Rules Committee recommended House committees make such accommodations. And, as we all know, the Health Subcommittee proved we could safely conduct our business with a hearing 2 weeks ago in this room.

Several committees have held either in-person or hybrid-style hearings in the Capitol Office Building in recent weeks, and many of the members of this subcommittee are here in Washington today. So I urge the chairman to continue to accommodate in-person participation of Members going forward.

Meanwhile, I want to welcome the Governors. With all the challenges we are facing as a Nation, from the pandemic we're discussing today to the unrest in the wake of the tragic death of George Floyd, we deeply appreciate your making time to be with us today.

States are, indeed, what Justice Brandeis called laboratories of democracy, testing different policies for their individual circumstances. And I look forward to learning about your successes in responding to the pandemic, the remaining challenges, what you got right, what you got wrong, and how the State and Federal partnership can be strengthened to ensure these challenges can be successfully addressed going forward.

Look, there's no question, facing a once-in-a-century global pandemic, Federal, State, and local health systems encountered some difficulties in ramping up diagnostic testing, working out the logistical details of complex global supply chains. However, it is only fair to now acknowledge that tremendous progress has been achieved over the last few weeks.

The efforts of the White House, President Trump, the Federal agencies to get full visibility into various supply chains in a very

short period of time, and then obtain necessary supplies for the Nation's testing and other needs, while competing for them globally with the rest of the world, it's been nothing short of a remarkable undertaking, while Federal officials, such as Dr. Brett Giroir and Admiral John Polowczyk, have been candid, clear-eyed, and open about the enormity of standing up a testing structure in the middle of a pandemic emergency.

Nearly every State is now in a better position to test anybody they have determined to be a high priority. Congress stepped up to the plate in the CARES Act and other stimulus packages with billions of dollars in funding for States to use for more testing and more contact tracing.

These actions are getting results. Since the beginning of this pandemic, many experts have argued the U.S. needs to reach a level of conducting 500,000 COVID-19 tests a day. In May, the United States achieved more than 400,000 tests a day several times. With vastly more rapid point-of-care testing, at-home, and saliva-based testing, and antigen testing, are expected to be rolled out in the coming weeks, this benchmark is expected to rapidly increase.

Look, there's no question that some States have responded to this pandemic better than others, both in focusing resources to address the public health crisis and positioning their States to responsibly reopen. For example, in Arkansas, I understand you've already met the federally recommended goal of testing 2 percent of your population in a month through May and aim to reach 3 to 4 percent of your population monthly by June.

Health and Human Services' strategic testing plan projects that, by September, the United States may be able to conduct up to 50 million tests per month, or more than 1.6 million tests per day. At more than 1.6 million tests a day, the U.S. would not only easily exceed the goal of half a million tests a day but would also surpass the Harvard Global Health Institute's recommendation of 900,000 tests per day to contain the outbreak.

The HHS strategic plan on testing shows a serious and honest effort. It outlines a pathway toward providing more resources and more assistance to States for more and better testing in order to manage risks and allow our economy to safely reopen.

So I thank all of our distinguished witnesses today for appearing. Especially, I want to express my appreciation to Governor Asa Hutchinson, who on very short notice agreed to work us into his schedule.

[The prepared statement of Mr. Walden follows:]

#### PREPARED STATEMENT OF HON. GREG WALDEN

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Several committees have held either in-person or hybrid-style hearings in the Capitol office buildings in recent weeks. Many of the members of this subcommittee are here in Washington today. This hearing could have easily followed suit.

I urge my friend, Chairman Pallone, to continue to accommodate the in-person participation of Members going forward.

Meanwhile, I want to welcome the Governors. With all the challenges we are facing as a nation, from the pandemic we are discussing today, to the unrest in the wake of the tragic death of George Floyd, we deeply appreciate your making time to be with us today.

States are indeed what Justice Brandeis called “laboratories of democracy,” testing different policies for their individual circumstances. I look forward to learning about their successes in responding to the pandemic, the remaining challenges, and how the State and Federal partnership can be strengthened to ensure these challenges can be successfully addressed.

There is no question, facing a once-in-a-century global pandemic, the Federal, State, and local health systems encountered some difficulties in ramping up diagnostic testing and working out the logistical details of complex, global supply chains. However, it is only fair to now acknowledge the tremendous progress that has been achieved over the last few weeks. The efforts by the White House and Federal agencies to get full visibility into various supply chains in a very short period of time, and then obtaining necessary supplies for the Nation’s testing and other needs while competing for them with the rest of the world, has been nothing short of remarkable, while Federal officials such as Dr. Brett Giroir and Admiral John Polowczyk have been candid, clear-eyed, and open about the enormity of standing up a testing structure in the middle of a pandemic emergency.

Nearly every State is now in a better position to test anybody they have determined to be a high priority. Congress stepped up to the plate in the CARES Act and other stimulus packages with billions in funding for States to use for more testing and contact tracing.

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The HHS strategic plan on testing shows a serious and honest effort. It outlines a pathway toward providing more resources and more assistance to States for more and better testing in order to manage risks and allow our economy to safely reopen.

I thank of all of our distinguished witnesses for appearing today. I especially express my appreciation to Governor Asa Hutchinson, who on very short notice, agreed to work us into his schedule.

Mr. WALDEN. With that, Madam Chair, I would yield back the balance of my time. I understand you wanted me to introduce Governor Hutchinson, so I am prepared to do that whenever you’d like.

Ms. DEGETTE. OK. We’ll do it in just a minute. I thank the gentleman for yielding back and ask unanimous consent—

Mr. GRIFFITH. Madam chair. Sorry, go ahead. It’s Morgan. I have my hand up.

Ms. DEGETTE. For what purpose does the gentleman from Virginia rise?

Mr. GRIFFITH. Point of order.

Ms. DEGETTE. The gentleman will state his point of order.

Mr. GRIFFITH. Madam Chair, since House Resolution 965 governs this meeting generally, and section 4 specifically deals with proceedings in committee and section 4(b) puts limitations on business meetings, including, and I quote, “A committee shall not conduct a meeting remotely or permit remote participation at a meeting under this section until a member of the committee submits for

printing in the Congressional Record a letter from a majority of the members of the committee, notifying the Speaker that the requirements for conducting a meeting in regulations referred to in subsection (h) have been met and that the committee is prepared to conduct a remote meeting and permit remote participation,” end quote.

And recognizing that the regulations promulgated in accordance with subsection 4(h) of House Resolution 965 in regulation section 1(i), the definitions section, it states, and I quote, “Proceedings or committee proceedings refers to meetings, hearings, or depositions, as appropriate,” end quote.

And, in light of the full Energy and Commerce Committee having failed to comply with these regulations submitted by the chairman of the Rules Committee in accordance with House Resolution 965, or even to comply with the letter requirements of section 4(b) of House Resolution 965, is it not true that these proceedings, by whatever name, cannot lawfully conduct business, such as swearing in witnesses or even having Code Section 18 U.S.C. Section 1001, relating to perjury apply?

Ms. DEGETTE. The Chair thanks the gentleman for his parliamentary inquiry. H.R. 965 refers to business meetings, not hearings, and the committee has met all of the requirements for regular hearings under the House rules.

Mr. GRIFFITH. Under the—Madam Chair, exception.

Ms. DEGETTE. I ask unanimous consent that Members’ written opening statements be made part of the record, and, without objection, so ordered.

I’d now like to introduce the witnesses for today’s hearing. First, I’d like to introduce Governor Jared Polis, the Governor of the State of Colorado, no stranger to this committee, or most of the members of this committee. The Governor has been working very hard with the entire Colorado congressional delegation, House and Senate Democrats and Republicans on the coronavirus issue, and we appreciate it very, very much.

I would now turn to Congresswoman Dingell to introduce her Governor.

Mrs. DINGELL. Thank you, Madam Chair.

Challenging times demand decisive and compassionate leaders. I’m grateful to all of the Governors that are here today, and the Dingell family has had long histories with all of them. But Governor Whitmer is such a leader. I’m proud to introduce her today. She’s a lawyer and an educator, a former prosecutor, and a lifelong Michigander dedicated to public service, and she is a close friend.

Months into the COVID-19 pandemic, the numbers are devastating. Michigan has been hit harder than most States. We’re the fourth highest in deaths in the country. We have nearly 2 million people unemployed, one in four, and lives have been forever changed.

Throughout this pandemic, Governor Whitmer has taken swift actions to flatten the curve and blunt the spread of COVID-19. There is much that this committee can learn from how Michigan has responded. And, as the States begin the reopening phase, there is much we need to learn on what challenges still remain, the resources that are still needed, and the actions that we can take.

I want to just make this personal comment, that the Governor is a friend. And after she saw the modeling numbers of the potential deaths that could happen in Michigan, she called me. She took personal responsibility for the potential death of everybody in our State. And she's been a true leader, and I am honored that she accepted the invitation today.

I thank all the Governors for testifying today. We thank you for your service and your leadership through these difficult times, and we look forward to hearing all of your valuable testimony.

Thank you, and I yield back.

Ms. DEGETTE. I thank the gentlelady.

The Chair now recognizes Mr. Walden to introduce our former colleague, Governor Hutchinson.

Mr. WALDEN. Well, thank you, Madam Chair.

And welcome to all of the Governors. Governor Asa Hutchinson is a friend of many of us, a former colleague to many of us. He was elected to the U.S. House in 1996 and served in this body until President George W. Bush appointed him Administrator of the Drug Enforcement Administration and later Undersecretary for Border and Transportation Security at the U.S. Department of Homeland Security.

Earlier in his career, President Reagan appointed Governor Hutchinson as U.S. Attorney for the Western District of Arkansas. Governor Hutchinson was first elected Governor of Arkansas in 2014 and reelected in 2018. He and his wife, Susan, have four children and six grandchildren. We thank him for taking time out of his very busy schedule to lend his experience and expertise to us on these issues.

Madam Chair, I do want to advise that the Governor will have to leave the hearing today at 2 p.m., and I thank your indulgence for excusing him as a witness at that time. I know he had a preconflict that he couldn't get out of.

So, with that, we're delighted Asa could join us, and Jared and the Governor from Michigan as well. And I will yield back.

Ms. DEGETTE. I thank the gentleman. And the Chair is aware of Governor Hutchinson's previous commitment. We're just glad that you could join us, Governor, along with your two colleagues.

Now, I know all three of you are aware the committee is holding an investigative hearing, and when doing so we have the practice of taking testimony under oath. Do any of you have any objections to testifying under oath?

Let the record reflect the witnesses have responded no. The Chair then advises you under the rules of the House and rules of the committee, you are entitled to be accompanied by counsel. Do you desire to be accompanied by counsel during your testimony today?

Governor POLIS. No.

Governor WHITMER. No.

Governor HUTCHINSON. No.

Ms. DEGETTE. Let the record reflect the witnesses have responded no.

I won't make you stand up, but if all of you could please raise your right hand so you may be sworn in.

[Witnesses sworn.]

Ms. DEGETTE. Let the record reflect the witnesses have responded affirmatively.

You are now under oath and subject to the penalties set forth in Title 18, Section 1001 of the United States Code.

The Chair will now recognize our witnesses for a 5-minute summary of their written statements. As I mentioned earlier, there's a timer on your screen that will count down your time, and it turns red when your 5 minutes have come to an end.

And so, Governor Polis, we will recognize you for 5 minutes.

**STATEMENT OF HON. JARED POLIS, GOVERNOR, STATE OF COLORADO**

Governor POLIS. Good morning, and thank you for the invitation to testify. Starting the stopwatch here. Thank you, Chairwoman DeGette. You've done an amazing job in this crisis and beyond, and I appreciate this hearing. Thank you, Ranking Member Guthrie, a pleasure working with you. It's great to see you in this capacity. Thank you, Chairman Pallone and Ranking Member Walden and members of the committee.

I want to provide an overview of the steps that we've taken in Colorado, with the hope that some of the successful practices that we've implemented here can be an example for other States, for the Federal Government, and for other nations that are dealing with the coronavirus. We started by setting realistic goals. We know that, given freedom of movement throughout the United States, it would be impossible to eradicate the virus in Colorado or America until there's a cure or vaccine.

So, on the public health side, our focus from the very start has been to save lives by limiting the spread of the virus, protecting the most vulnerable, particularly older Coloradans in congregate care facilities, supporting our healthcare providers, making sure that people have access to all forms of healthcare, including for non-COVID-related healthcare, and doing everything we can to acquire testing equipment and personal protection equipment, and being as smart as we can with the use of these limited resources, and really, as a benchmark making sure we preserve the ability of our healthcare system to meet the needs of every critical patient that comes through the door, COVID or non-COVID, so not to overwhelm our healthcare system.

And on the economic side, we also understood, from the early days, the economic implications of this crisis, and we've taken a number of extraordinary measures to help small businesses and workers, and made strategic decisions about reopening, really taking into account the economic, social, and psychological needs of Coloradans as well as the health goals.

We confirmed our first case in the beginning of March. We since found out that, like much of the country, we likely had COVID before that in our State, and we began to take action to reduce the spread of the virus, which was on an exponential growth curve at that time.

Based on what our modeling was telling us, we needed to really severely limit the number of person-to-person interactions to about 75 to 80 percent reduction from the normal baseline. On the other

side of the spectrum, the model showed that, taking no action, the virus would have killed over 30,000 Coloradans by now.

So March 25th, we imposed a stay-at-home order, which lasted until April 26th. That was a very difficult decision to make. As a former business owner, I know the effort it takes to keep small businesses profitable even in good times.

And as Governor of a State with the fastest-growing economy in the Nation and amazing quality of life, it really pained me greatly to see Coloradans out of work, stuck inside, businesses temporarily closed. But that monthlong stay-at-home order was critical to slow the spread of COVID-19, to build additional hospital capacity, including critical care beds, and acquire more testing and PPE for our workforce.

One of the most important things we did is we stood up an innovation response team with some of the best minds from the private sector who went—volunteered full-time to help us work through the issues in the supply chain for testing, and for PPE.

And, during this period, we enacted a number of important measures to help individuals and businesses weather the economic storm, including short-term paid sick leave for workers so they didn't feel that they had to go to work sick and spread the virus; expanding childcare benefits for front-line workers; helping small businesses and individuals make ends meet by delaying when they had to pay and file their income tax, their sales tax, and their property tax; a temporary moratorium on evictions and foreclosures; and taking commonsense steps to lift regulations, like eliminating the prohibition on takeout or delivery of alcohol, which helped restaurants stay in business.

We set up a private relief fund at [HelpColoradoNow.org](https://www.HelpColoradoNow.org) to help meet the needs of Coloradans across the State. I'm proud to say we've raised over \$18 million from philanthropic, corporate, and individual donors. And we also convened in the early days a Council on Economic Stability and Recovery, chaired by former U.S. Transportation Secretary and Denver mayor Federico Peña. This bipartisan council of business leaders from across our State has already put forward recommendations for executive actions, State legislation, and for Federal consideration.

Madam Chair, I ask that the letter to the Colorado delegation dated April 9, 2020, from Secretary Peña and myself be placed into the record and considered.

Ms. DEGETTE. Governor, we will hold that to the end, as announced at the beginning, with all the other documents. Thank you.

Governor POLIS. Thank you. And as cases began to level off and trend downward, we ended the stay-at-home order on April 27 and replaced it with Safer-at-Home. Safer-at-Home really allows for a greater degree of economic and social activity, while keeping the rate of infection low. It has four main points: scaling up testing and capability; developing a mask-wearing culture in our State to make person-to-person interactions safer; having Coloradans with underlying health conditions, including seniors, stay home whenever possible; and greater social distancing among the general population. We've also expanded this month for more outdoor opportunities for people to enjoy our great vast outdoors at a safe social distance.

With our beautiful Colorado June and July weather, we encourage people to get out in a safe way at a distance from others.

I've been straightforward and honest with the people of my State from the very start, that there will be some level of social distancing restrictions until there is a cure or vaccine. We simply need to find a sustainable way to live with COVID-19.

So thank you for the opportunity to testify, and I look forward to answering your questions.

[The prepared statement of Governor Polis follows:]



**TESTIMONY OF**

**The Honorable Jared Polis  
Governor  
State of Colorado**

**HEARING ON**

**“On the Front Line: How Governors are Battling the COVID-19 Pandemic.”  
Subcommittee on Oversight and Investigations  
Committee on Energy and Commerce  
United States House of Representatives**

**June 2, 2020**

Good morning and thank you for the invitation to testify.

Thank you to:

- Subcommittee Chairwoman Representative Diana DeGette
- Subcommittee Ranking Member Representative Brett Guthrie
- Committee Chairman Representative Frank Pallone
- Committee Ranking Member Representative Greg Walden
- Members of the committee
- Governor Gretchen Whitmer of Michigan
- Governor Asa Hutchinson of Arkansas
- And everyone tuning in at home

I want to provide an overview of the steps that we have taken on both the public health side and the economic side, with the hope that some of our successful practices can be an example for other states and for the federal government.

We started by setting realistic goals. We know that given the freedom of movement throughout the United States, it would be impossible to eradicate the virus in Colorado until there is a cure or a vaccine.

So on the public health side, our focus has been on saving as many lives as possible by:

- Limiting the spread of the virus,
- Protecting the most vulnerable - particularly older Coloradans in congregate care
- Supporting our healthcare providers and continuing to ensure people have access to care despite the pandemic

- Doing everything we can to obtain testing equipment and personal protective equipment and being as smart as we could about the uses of these resources, given the constrained supply
- Preserving the ability of our health care system to meet the needs of every critical patient that comes through the door -- with COVID or a non-COVID issue

And on the economic side, we have taken a number of extraordinary measures to help workers and small businesses weather the storm, and we have made strategic decisions about reopening to balance the risk to public health with the economic, societal, and psychological needs of Coloradans.

We confirmed our first case in the beginning of March, and we began to take action to reduce the spread of the virus, which was growing exponentially at the time.

Based on what our modeling was telling us, we needed to severely limit the number of person-to-person interactions by about 75-80%. On the other side of the spectrum, the modeling was showing that this virus would have killed 33,000 Coloradans by now if we took no action.

So on March 25th, we imposed a stay-at-home order which lasted until April 26th.

This was an incredibly difficult decision to make. As a former business owner, I know the effort it takes to keep a business profitable even in the good times. And as Governor of a state with the fastest-growing economy in the nation and an amazing quality of life, it pained me to see businesses shuttered and Coloradans out-of-work and stuck inside.

But this month-long stay-at-home order was absolutely essential for us to:

- Slow the rate of spread of COVID-19
- Build additional hospital capacity including critical care beds and field hospitals
- And acquire more testing supplies and PPE for our health care workforce.

One of the most important things we did is we stood up an Innovation Response Team with some of the best minds from the private sector to work through the issues in the supply chain for testing and PPE.

And during this period, we enacted a number of extraordinary measures to help individuals and businesses weather the economic storm, including:

- Paid sick leave for frontline workers so workers didn't go into work sick and spread coronavirus
- Expanding child care benefits for frontline workers

- Helping small businesses and individuals make ends meet by delaying payment of income, sales, and property taxes.
- A temporary moratorium on evictions and foreclosures -- this was absolutely crucial to keeping people in their homes and small businesses afloat.
- And taking some common-sense steps to lift some regulations -- like a prohibition on take-out or delivery orders of alcohol which helped restaurants stay in business
- Setting up a private relief fund at HelpColoradoNow.org to help nonprofits continue to meet the needs of Coloradans across our state, which has now raised over \$18,000,000 from philanthropic, corporate, and individual donors.
- And convening a Council on Economic Stability and Recovery chaired by Former U.S. Transportation Secretary and Denver Mayor Federico Pena. This bipartisan council of business leaders from across the state put forward recommendations for executive actions, state legislation, and federal consideration. I ask that the letter to the Colorado delegation dated April 9, 2020 from Secretary Pena and myself be placed into the record and considered.

As cases began to level off and even trend downward, on April 27, we ended the “Stay-at-Home” order and replaced it with a policy of “Safer-at-Home.”

Safer-at-Home is designed to allow for a greater degree of economic and social activity while keeping the rate of infection low and preserving the ability of our health care system to meet the demand of a potential surge.

The Safer-at-Home phase has four main components:

- #1 - Scaling up our testing capability. We did this by:
  - Obtaining more testing supplies
  - Working with local public health agencies and private partners to establish dozens of local testing sites throughout the state, including the first-in-the-nation drive-up testing facility
  - Expanding the capacity of our state lab to meet our testing needs.
- #2 - Developing a mask-wearing culture in our state to make person-to-person interactions safer; supporting innovations like the Colorado Mask Project to increase the use of masks.
- #3 - Having Coloradans and those with underlying health conditions continuing to stay at home whenever possible.
- #4 -As much as possible, maintaining social distancing among the greater population

During this period, we have been resuming activities that positively contribute to our economic, societal, and psychological well-being, while maintaining strict precautions and safety measures to protect the public health.

We started with:

- Retail, first curb-side pickup on April 27, then in-store purchases on May 1
- Personal Services like hair cuts and nail salons on May 1
- Real estate showings on May 1
- Some post-secondary education on May 1
- Offices reopening at 50% capacity on May 4

Next came:

- Camping -- in state parks on May 12 and private campsites on May 27.
- Allowing ski resorts to open back up -- an iconic Colorado industry -- on May 27
- Allowing restaurants to operate at 50% inside capacity and greater outside capacity on May 27 with strict precautions to increase ventilation and require mask-wearing
- And allowing summer day camps to reopen starting June 1.

So now in Colorado, we are Safer at Home and to a greater extent, in the vast, great outdoors in our beautiful state.

So far, we have been fairly successful in this new phase. Cases and hospitalizations are dropping. Last week we had our first day in months with zero COVID-19 deaths. We are cautiously optimistic that we will be able to build on this success.

We will continue to monitor the numbers, and if people are doing their part -- wearing masks, keeping their distance, and especially if vulnerable populations are continuing to stay at home -- then we may be able to relax restrictions further.

But I've been straightforward and honest with the people of my state that we will need to endure some level of social distancing and restrictions on our society until there is a cure or a vaccine.

We need to find a sustainable way to live with COVID-19.

The truth is that the public health response and the economic response go hand-in-hand. If residents don't feel safe, they will limit their participation in the economy, and recovery will be sluggish. But if we do a good job suppressing the spread of the virus and bolstering our health care system, there will be more consumer confidence, and the economy will rebound more quickly.

I hope that Colorado can be a model in this regard: willing to do what is necessary to keep people safe, and then gradually removing barriers to economic growth in a smart and strategic way, because unfortunately, we're going to be in this for the long haul.

This is a time where competent governance is of paramount importance, and I'm hopeful that some of our best practices can guide decision-making at the federal, state, and local levels.

So thank you for the opportunity to testify, and I look forward to answering your questions.

Ms. DEGETTE. Thank you, Governor.

Now, I'm pleased, Governor Whitmer, to recognize you for 5 minutes for your opening statement.

**STATEMENT OF HON. GRETCHEN WHITMER, GOVERNOR,  
STATE OF COLORADO**

Governor WHITMER. Thank you, Chair DeGette, Ranking Member Guthrie, full House Chair Pallone, Ranking Member Walden, and members of the subcommittee. Thank you all for the opportunity to speak with you about COVID-19, its impact on the State of Michigan, and how we worked to confront this unprecedented public health crisis. Representatives Dingell and Walden, thank you for your efforts on behalf of Michigan. And, of course, Governors Polis and Hutchinson, I'm glad to be with you.

On March 10th, the day that Michigan confirmed our first cases of COVID-19, I declared a state of emergency. Michigan had a unique struggle with COVID-19 pandemic because, despite being the 10th most populous State, we spent several weeks with the third-highest number of cases and deaths in the Nation. As of today, we've recorded 57,000 positive cases, and over 5,500 COVID-19-related deaths.

In response to this pandemic, we've had to take aggressive measures to fight the spread of COVID-19, to prevent the rapid depletion of our State's critical healthcare resources, and to lower the chance of a devastating second wave.

There was a time in March when a number of metro Detroit hospitals lacked enough masks, face shields, gowns or gloves to last a single day. The Federal Government delivered several allocations of PPE from the Strategic National Stockpile, but they were dangerously insufficient to meet our needs in the early days of the virus' spread.

During that same time, on a call with the Nation's Governors, we were told we would have to procure these items on our own. Without time to waste, we set up a global procurement arm of our SEOC. We tracked down every lead. Some panned out, some were dead ends, and some were deadbeats. But in the heat of the Nation's early days and the lack of a national strategy, and failure to use the DPA to produce PPE, lives were on the line and necessitated these actions.

By mid-April, though, our hard work of our procurement office, private donations, nimble Michigan businesses, and with the assistance from FEMA, the State had PPE to last for several weeks, and that is true today. We're truly grateful for the materials that we've received. However, if Federal supplies could be allocated more quickly with a detailed breakdown in advance and shipped at a regular cadence, we would be able to hit our goals and ensure that we prevent a second wave.

Absent a vaccine or cure, tracing and testing are the foundation of a COVID-19 response. Throughout much of April, our State averaged about 5,000 tests a day. Now we have reached almost 15,000 a day, with our real goal being 30,000 tests a day.

Despite the progress that we've made, the single biggest threat to our ability to hit these goals is supply shortages that continue to significantly restrict Michigan's testing capability. I've conferred

with many of my colleagues, and I know this is not unique to Michigan. We need the White House to create a specific long-term plan outlining how the Federal Government will assure we've got adequate testing supplies, so we can gather the data we need to make informed decisions about reengaging our economies, as we would all benefit from a guarantee of free testing nationwide, coupled with a robust Federal messaging campaign.

The economic havoc wreaked on State residents and our government budgets by the coronavirus has been severe. We have now processed more unemployment claims in a single day than during the worst week of the Great Recession. We've already reached the highest unemployment rate since the Great Depression.

Right now, the language in the CARES Act does not give us the flexibility we need to address our revenue shortfalls. A broader solution is needed. And I thank the House of Representatives for your work, and I'm hopeful that the greater Congress can come together and get it done.

The COVID-19 pandemic has also highlighted the disproportionate impact on communities of color. African Americans are 13.6 percent of our resident population, and yet represent a staggering 40 percent of deaths in Michigan. Our Lieutenant Governor, Michigan's first African-American Lieutenant Governor, is heading up our Task Force on Racial Disparities, a task force that is dedicated in the memory of Skylar Herbert, the youngest person in Michigan to lose the battle with coronavirus at the age of 5. Both her parents are first responders.

As we reengage Michigan's economy through the My Safe Start Plan, we need to make sure that we avoid a second wave of infections at all costs. We've made incredible progress pushing down our curve and saving lives in Michigan. Our phased-in reopening plan is informed by the best public health experts in our country.

I'm glad to participate today to tell Michigan's story. We're resilient and we're tough, and it's that determination I'm tremendously proud of and I know will sustain us in these challenging times. I look forward to our discussions.

[The prepared statement of Governor Whitmer follows:]

**TESTIMONY OF**

**The Honorable Gretchen Whitmer  
Governor  
State of Michigan**

**HEARING ON**

**“On the Front Line: How Governors are Battling the COVID-19 Pandemic.”**

**Subcommittee on Oversight and Investigations  
Committee on Energy and Commerce  
United States House of Representatives  
June 2, 2020**

Chair DeGette, Ranking Member Guthrie, and members of the Subcommittee, thank you for the opportunity to speak with you today regarding COVID-19, its impact on the state of Michigan, and how we have worked to respond to this unprecedented public health crisis.

On March 10, 2020, the day that Michigan confirmed its first COVID-19 cases, I declared a state of emergency to address the COVID-19 pandemic. Scarcely three weeks later, the novel coronavirus had spread rapidly across The Great Lakes State. As of April 1, 2020, the state had 9,334 confirmed cases of COVID-19 and 337 deaths from the disease, likely with many thousands more infected, but not identified. Exactly one month later, this number had ballooned to 42,356 confirmed cases and 3,866 deaths from the virus—a tenfold increase in deaths. The virus’s rapid and relentless spread threatened to overwhelm the state’s health care system, with hospitals in multiple counties reportedly at or near capacity and medical personnel, supplies, and resources necessary to treat COVID-19 patients in high demand.

Since I first declared an emergency in response to this pandemic, my administration has taken aggressive measures to fight the spread of COVID-19, prevent the rapid depletion of the state’s critical health care resources, and avoid as many deaths as possible. To that end, and in keeping with the recommendations of public health experts, I have issued orders restricting access to



places of public accommodation and school buildings, limited gatherings and travel, and requiring workers, who are not necessary to sustain or protect life, to remain at home. I have also issued orders enhancing the operational capacity and efficiency of health care facilities and operations, allowing health care professionals to practice to the full extent of their training regardless of licensure, and facilitating the delivery of goods, supplies, equipment, and personnel that are needed to combat this pandemic.

My administration has also moved quickly to mitigate the economic and social harms of this pandemic. Through my executive actions, we have placed strict rules to prevent price gouging, put a temporary hold on evictions for families that cannot make their rent, expanded eligibility for unemployment benefits, provided protections to workers who stay home when they or their close contacts are sick, and created a structure through which our schools can continue to provide their students with the highest quality educational opportunities possible under the difficult circumstances now before us. These statewide measures have been effective, but the need for them—like the unprecedented crisis posed by this global pandemic—is far from over.

Though the numbers have mostly trended in the right direction, the COVID-19 virus remains aggressive and persistent: as of May 29, 2020, there have been 56,621 confirmed cases of COVID-19 in Michigan, and 5,406 deaths from the virus. There remains no single treatment or vaccine for the virus. It remains easy to transmit, passing from asymptomatic individuals, and we still lack adequate means to fully test for it and trace its spread. COVID-19 remains present and pervasive in Michigan, and it stands ready to quickly undo our recent progress in slowing its spread.

#### ***Personal Protective Equipment (PPE)***

There was a time in March when some hospitals in our state did not have enough masks, face shields, gowns, or gloves to last one day. The federal government delivered several allocations of PPE from the Strategic National Stockpile (SNS), but they were dangerously insufficient to meet our needs in the early days of the virus's spread.

As the lead agency for pandemic response shifted from HHS to FEMA and the White House Coronavirus Task Force was stood up, confusion spread. The state was directed to request needed supplies from FEMA, then told that we would receive population-based allocations from the SNS, unreflective of our need. President Trump told governors that states should seek out their own supplies on the private market, and yet suppliers were claiming they were being directed to sell to the federal government rather than states. As the state pursued PPE on the national and international markets, the lack of centralized coordination at the federal level created a counterproductive competition between states and the federal government to secure limited supplies, driving up prices and exacerbating existing shortages.

By mid-April, through the hard work of our procurement office, private donations, and assistance from FEMA, the state had enough PPE to last our hospitals several weeks, and this continues to be the case. We are also able to provide PPE to first responders, long term care facilities, and workers at mobile testing sites.

Like with testing supplies, PPE shipments from FEMA have been irregular and unpredictable, and inaccurate information about what to expect has made planning difficult. Despite initial challenges, we appreciate the PPE the federal government has provided the state, hospitals, and long-term care facilities directly.

As we have begun advising industries on protective guidelines to consider as our economy looks to return to some normalcy, the Michigan Economic Development Corporation unveiled the Pure Michigan Business Connect (PMBC) COVID-19 Procurement Platform.<sup>1</sup> The PMBC offers a free procurement program to assist businesses in accessing non-medical grade PPE to keep their employees and customers safe as they resume in-person operations, as outlined in Executive Order 2020-97.<sup>2</sup> We want to ensure we are opening up in a way that is safe, smart, and does not undo the progress we have made in flattening the curve of COVID-19. Through this platform, we can help employers access the PPE they need to ensure their employees feel safe returning to work, while also supporting Michigan businesses that will be critical to economic recovery efforts.

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<sup>1</sup> [PMBC COVID-19 Procurement Platform](#). Michigan Economic Development Corporation.

<sup>2</sup> [Executive Order 2020-97](#).

### *Testing*

Testing is the foundation of COVID-19 crisis response. To safely reengage our economy and resume in-person social activities, we must respond nimbly to new data about transmission and health risks of the virus, which is why our ability to test our population remains paramount. Through herculean efforts, Michigan has made strides in scaling up testing in the state. Throughout much of April, our state averaged about 5,000 tests per day. Several weeks later, our average has tripled to roughly 14,500 tests per day. We are on track to conduct about 375,000 tests during May, well over three percent of the state's population.

We are approaching the state's near-term goal of completing 15,000 tests per day and will continue expanding upwards to 30,000 tests per day, in line with recommendations from public health experts.

Several components of our strategy have contributed to this progress. Over the last month, Michigan has been laser focused on testing high-risk facilities. During May, the Michigan National Guard conducted over 45,000 tests in these facilities, including a sprint to test all 38,000 prisoners held within Michigan Department of Corrections' facilities in 15 days. I thank the men and women of the Michigan National Guard for their service during this critical time. I welcome the extension of Title 32 authority that the President has granted until mid-August, which will allow these Guard members to continue their vital contributions to our testing endeavor. The state continues to facilitate broad testing within several other types of congregate care facilities, including skilled nursing facilities, adult foster care, local jails, homeless shelters, and settings that host migrant agricultural workers.

The state is also pushing to expand community-based testing and making it easier for patients to access testing. Over 250 test sites operate across Michigan, and we plan to add more, with a focus on underserved areas like majority-minority communities and rural communities. We have simplified access to testing by expanding the types of medical professionals who can order a test and ensuring that our state hotline can help patients find a test site that meets their needs.

Finally, to reach our goals, Michigan is tackling testing supplies and capacity by maximizing use of testing platforms and partnering with a wide range of laboratories to conduct testing. For polymerase chain reaction (PCR) tests that can diagnose infected persons, at least 57 hospital

laboratories, 9 in-state commercial laboratories, and the Michigan State Laboratory have COVID-testing capabilities. Together, these entities report capacity to test about 25,000 people per day, if corresponding supplies were available.

Despite the progress outlined above, we still have so far to go to reach the level of testing needed to protect Michiganders as fully as possible.

Supply shortages continue to limit how many tests Michigan can conduct each day, even as we work tirelessly with our federal partners and private vendors to secure the supplies needed.

I commend the work and attention FEMA Region V has given to Michigan during this crisis and Administrator James Joseph and his team have been great partners, yet the overall federal response on this front has been uneven. Uncertainty about the availability of supplies and the federal government's role in directing the allocation of these supplies has hindered our ability to coordinate our testing strategy. As has been well-documented, in the early months of the epidemic, testing supply availability was extremely limited, information was scarce, and the federal role in supporting testing was equally narrow. In May, we began receiving significant numbers of swabs from FEMA, a substantial boon to our efforts. While we are deeply appreciative of the supplies received to date, we are often given little, and in some cases inaccurate, information about the types of supplies being shipped to the state, which makes planning difficult. As you know, not all laboratories can accept all types of materials, so unexpectedly receiving, for example, a new type of swab or unlabeled vials of saline, can require fully reworking allocation plans. Supplies could be allocated more quickly if a more detailed breakdown was provided and if supplies were shipped at a regular cadence.

Similarly, federal efforts could greatly support efforts to make it easier for patients to access testing. The testing funding allocated in the Paycheck Protection Program and Health Care Enhancement Act provides vital support, as do provisions protecting individuals from co-pays for testing and reimbursing providers for testing uninsured individuals. These provisions, though, still create a patchwork where a person could fall through the cracks and face out-of-pocket costs. A strong, certain guarantee of free testing, combined with an equally strong outreach campaign to encourage Americans to get tested, would go a long way in helping us reach the testing levels needed. Last but not least, increased guidance from the U.S. Centers for Disease

Control and Prevention on best practices for testing key populations would help inform the state's response.

### ***Contact Tracing***

Over 8,000 individuals have volunteered to be contact tracers for the state and roughly 500 have been fully trained and are being actively deployed. We have also heard from universities and colleges across the state who are eager to help. The state is already deploying this volunteer workforce to various local health departments (LHDs) around the state and launched its centralized effort on May 7. We expect that this effort will scale over time, but the experience of other states leads us to believe that we will need to hire a substantial number of staff to be a full-time/professional workforce. Given that contact tracing also occurs in local health departments, our local partners will also need additional support. To date, many of their staff have been reassigned to do contact tracing, but the critical work they do in immunizations, vaccinations, family planning, and other critical local services cannot be set aside forever.

The state has also partnered with a technology vendor to develop a tool that will enable volunteers and paid staff to conduct contact tracing remotely. This technology will enable us to text contacts and either alert them that we are calling or ask them to check in on their symptoms via text as opposed to via a manual daily phone call.

The state has issued formal guidance to local health departments on our expectations for performance around case investigation and contact tracing. This includes contacting all potential cases within 24 hours, eliciting contacts from at least 50% of those cases, and contacting all contacts within 24 hours of identification. The state has also offered technical assistance to any local health department that is having challenges meeting these goals. We have invested resources in mass media, social media, and local engagement campaigns to increase the percentage of individuals who pick up the phone. We know there are many populations who are unlikely to answer a phone coming from a strange number, and we are trying to get the word out about the importance of response during this critical time.

### ***Michigan Coronavirus Task Force on Racial Disparities***

The COVID-19 pandemic has impacted so many in my state, but disproportionately so to those in communities of color in Michigan. While African Americans are 13.6 percent of Michigan's

population, they have represented a staggering 40 percent of the deaths from COVID-19, so in April, I signed Executive Order No. 2020-55 creating the Michigan Coronavirus Task Force on Racial Disparities.<sup>3</sup> Chaired by Lieutenant Governor Garlin Gilchrist II, this task force is studying the causes of racial disparities in the impact of COVID-19 and recommending actions to immediately address such disparities and the historical and systemic inequities that underlie them.

In working with a diversity of stakeholders to provide valuable insights on engaging with the community, local government, and health systems on this important issue, the task force has, and will continue to, recommend actions to address the disparities issue and suggest ways to: increase transparency in reporting data regarding the racial and ethnic impact of COVID-19; remove barriers to accessing physical and mental health care; reduce the impact of medical bias in testing and treatment; mitigate environmental and infrastructure factors contributing to increased exposure during pandemics resulting in mortality; and develop and improve systems for supporting long-term economic recovery and physical and mental health care following a pandemic.

This virus had held a mirror up to our society and reminded us of the deep inequities in this country. From basic lack of access to health care, transportation, and protections in the workplace, these inequities hit people of color and vulnerable communities the hardest. This task force will help us start address these disparities right now as we work to mitigate the spread of COVID-19 in Michigan. Some of the specific, initial recommendations from the task force have been: developing a new, flexible model to make testing more easily accessible to vulnerable populations; connecting people without doctors to primary care physicians; and sharpening our communications tactics to better reach the communities most impacted by this pandemic.

Let me also add: the task force is dedicated to Skylar Herbert, a Detroit girl whose parents are first responders. At 5 years old, Skylar is the youngest person in Michigan to have died of the coronavirus.

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<sup>3</sup> [Executive Order 2020-55](#).

### ***Economic Impacts***

The economic havoc wrecked on the state's residents and our state and local government budgets by the coronavirus has been severe. Between March 15 and May 13, close to 1.8 million Michiganders filed initial unemployment claims—the fifth highest nationally, amounting to nearly 36 percent of our workforce. With an unemployment rate recently calculated at over 22%, people are hurting across the state. Michigan has processed more unemployment claims in a single day than during the worst week of the Great Recession, and we have already reached the highest unemployment rate since the Great Depression. COVID-19 has hit Michigan's economy hard, as just two weeks ago, we learned through our consensus estimating process that our state budget is faced with a \$6.2 billion loss in revenue over the remainder of this fiscal year and next. This is not news that any state wants to hear, but it is reality.

In addition to facing a public health emergency unlike any we have seen in our lifetimes, COVID-19 has also left Michigan and every other state with a fiscal crisis that creates unprecedented budget challenges. Early in this crisis, I joined with my regional fellow governors from Wisconsin, Minnesota, Illinois, Indiana, Kentucky, and Ohio to work on common concerns presented by the virus. Michigan is a well-managed state with a good credit rating and a healthy rainy-day fund, but COVID-19 has created a budget crisis that is being faced by every state in the nation. As a result, state and local governments are struggling to provide essential services. As recently estimated by the Center on Budget and Policy Priorities, the budget shortfalls for states over the next three years due to the economic fallout of COVID-19 is projected to be \$765 billion.<sup>4</sup>

Right now, the language in the CARES act does not allow states the flexibility we need to address our revenue shortfalls. In Michigan, our rainy-day fund has a balance of more than \$1.2 billion, but even if we were to draw every cent from that fund, we still would not come close to solving a \$6.2 billion budget problem. Michigan has been hit exceptionally hard by COVID-19,

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<sup>4</sup> [“Projected State Shortfalls Grow as Economic Forecasts Worsen.”](#) Center on Budget and Policy Priorities. May 20, 2020.

and our state revenues have been drained because of it. I appreciate the federal assistance provided to states to date, but more is needed to support our response to this crisis. States are facing budget shortfalls that will require us to make impossible choices that will harm communities from border to border. A broader solution is needed, and Congress must come together to provide it. Without more funding and more flexibility in existing and future federal funding, state and local governments will be unable to maintain existing critical support for education, public safety, and health care.

***MI Safe Start: A Plan to Re-Engage Michigan's Economy***

All of us know the importance of getting people back to work and the economy moving again. As outlined in my plan to re-engage Michigan's economy - MI Safe Start - we need to expand testing and require people who test positive, or are close contacts of those who do, to self-isolate.<sup>5</sup> We have already loosened some restrictions on lawn care, construction, manufacturing, real estate, and retail for example, but moving too fast, without the testing we need, could put Michigan at risk of a second wave of infections. The most important thing right now is to listen to the experts and follow the medical science.

As defined in the MI Safe Start Plan, Regions 6 and 8 encompass a large swath of northern Michigan and also our Upper Peninsula, and these were the first parts of the state where I was able to lift stay home restrictions and allow for more industries, like bars and restaurants, to reopen. As with previous announcements, businesses that reopen must adhere to strict safety measures to protect employees, customers, clients, and patients. The worst thing we can do is to open up in a way that causes a second wave of infections and death, putting our frontline heroes – our health care workers, first responders, grocery store employees, delivery drivers, utility workers, childcare providers and school employees - at further risk. We owe it to them to do what we can to stop the spread of COVID-19. The last thing we want to do is to add an additional threat to their lives or eliminate the progress we are making to flatten the curve and respond to COVID-19.

We have made progress in fighting COVID-19 in Michigan. My phased-in reopening plan will help ensure we keep more people free from this virus. As always, we will be guided by the facts

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<sup>5</sup> [MI Safe Start Plan](#), May 7, 2020.



in deciding whether to transition from one phase to another, and we are looking at data every day to understand where we are: data that tells us where the epidemic is spreading, whether our hospitals and other health-care providers can safely cope with any surge in infections, and whether our public health system is up to the task of suppressing new outbreaks.

As my state moves to reopen its industries and economy, we are cautious to remain ever vigilant against this virus. Though leaders in the medical field have said a decline in the transmission of the coronavirus is expected through the summer months, a second wave is a real possibility come the fall and winter, which would then dovetail with the onset of the flu season as well. Beyond the health implications, the economic pain associated with a second wave of COVID-19 would be tremendous should stricter stay home measures need to be considered again to contain the virus.

### ***Conclusion***

Thank you for allowing me to participate in this hearing today to tell Michigan's story.

Since being sworn in as Michigan's 49<sup>th</sup> Governor last year, I could neither have imagined dealing with a polar vortex weather event, which hit my state during my first days in office, nor a 100-year event public health crisis like COVID-19. Add to that the recent 200-year event rain event that ravaged parts of my state in late May, and suffice it to say, it has been an eventful start. Michiganders have always been resilient, and it is this determination for which I am tremendously proud of and will allow us to get through anything.

I look forward to working with you and my fellow governors as we continue to tackle the crisis COVID-19 has presented to the world and our citizens at home.

Ms. DEGETTE. Thank you, Governor.

It's now time for members of the subcommittee to ask questions, and the Chair will now recognize herself for 5 minutes.

Mr. WALDEN. Aren't we going to hear from Governor Hutchinson?

Ms. DEGETTE. Oh, I'm so sorry. Governor, I'm so sorry.

Mr. WALDEN. I mean, we only have one Republican witness that we should hear from.

Ms. DEGETTE. I know, and he's a Republican that I love, because he was my colleague. I'm so sorry.

Governor, you are recognized for 5 minutes. Sorry about that.

#### **STATEMENT OF HON. ASA HUTCHINSON, GOVERNOR, STATE OF ARKANSAS**

Governor HUTCHINSON. No problem at all. And thank you, Madam Chairwoman. It is good to see you again, and I do recall our days serving in Congress together.

Ranking Member Guthrie, thank you for this opportunity. And I want to say hello and thank my good friend, Ranking Member Greg Walden, for the invitation today and for his friendship through the years. Of course, Chairman Pallone, it is good to see you again as well.

And I am delighted to be here with my fellow Governors, who each one of us has faced different challenges in our respective States, perhaps in different ways, but it reflects the uniqueness of each State and the decisions that have to be made. And I certainly respect every decision that was made by other Governors reflecting their State.

Our fight against COVID-19 began on March 11, when testing revealed our first case in the State. I immediately declared an emergency from that day on, and we took this very seriously, and we took quick and appropriate, aggressive measures to minimize the impact.

We had a dual mission. Our first mission, of course, was to protect the health of our citizens, especially those that were deemed to be most at risk. Our second mission was to minimize the economic harm to individual families, because it costs them, it hurts them in so many different ways.

Today, we are in phase one of our recovery. And to put it in perspective, we have about 7,500 cases in Arkansas, we have 121 hospitalized, and we have had 133 Arkansans die of COVID-19. These numbers, as the other Governors will attest, are very minimal in terms of what we see in so many other States. Our hospitalization rate and death rate are low compared nationally and to our region.

When it comes to testing, we are testing more each day. In late April, we were testing 1,000 to 1,500 tests each day. I set as a goal that we would test 2 percent of our population in the month of May, which would have been 60,000 Arkansans. We exceeded that goal in May. In fact, we tested over 80,000 Arkansans in the month of May. And so the testing has accelerated greatly. During the last 7 days, our positivity rate has been right at 5 percent. Over the last 30 days, it's been about 7 percent, well below the national standard that has been recognized of 10 percent. In June, our goal

in terms of testing is to test every resident in every nursing home in Arkansas, including all staff.

Our testing is done through a combination of our Department of Health, our University of Arkansas Medical Sciences, and then the commercial labs. And then the employers are doing an extraordinary job of starting their own testing programs through commercial labs.

Whenever it comes to following up with our contact tracing, to put it in perspective, when we started this pandemic, we had three nurses at our Department of Health that were responsible for contact tracing. Three. Today, we have over 200 that are doing contact tracing, and that is an important part of our infrastructure for avoiding and handling the future, in terms of a potential wave.

The most frequent question I get asked is, Why did you not issue a shelter-in-place order in Arkansas? And, again, I respect every Governor as to the decision that they had to make, but our decision for our State in not issuing a shelter-in-place order was in combination with our public health team, and we believe it was the right direction for our State.

My public health team advised that a stay-at-home order would not significantly slow the spread of COVID, and I knew a stay-at-home order would cost thousands more Arkansans their jobs, and possibly cause more businesses to close permanently. Instead, we doubled down on our message that encouraged Arkansans to follow social distancing guidelines, to wash their hands often and well, and to wear masks in public. I trusted the citizens of my State with good information to act responsibly in their personal choices, and they did. There's always a few outliers, but they have followed those guidelines.

From the beginning, we proceeded cautiously in terms of our targeted restrictions on businesses. We calculated which businesses were more at risk. We put more restrictions there, and now, of course, we've been gradually releasing and lifting those restrictions.

As I said, our rates are among the lowest in the Nation. Our hospitals have never come close to filling up. Our supply of ventilators is more than adequate. We even offered to send five ventilators to a fellow State that was in need.

In terms of the private sector, I want to acknowledge their support. Walmart particularly has helped us to set up mobile testing sites across the State. Our poultry industry, which has been a challenge for us, but they are a critical essential industry, and they have begun their own testing within their plants. They engaged their own contact tracing, which was very impressive to me, that they don't simply rely upon the government to do that. They have their own health clinics, and they provide paid time if quarantine is necessary.

And so, with that, we have over 60 processing plants in Arkansas, and none of them are currently shut down. They're all operational, and people are working.

In terms of the economy, just like everyone else, we projected a significant loss of revenue to our State budget. In fact, we projected a 10 percent loss of revenue from sales taxes. But our economy has

been stronger, has suffered less of a loss, and we're coming in at less than 5 percent of a loss in terms of sales tax revenue.

Today, we're issuing our revenue report that will show that we're above our revised forecast, which is still down from last year, but we're beating the projections significantly in terms of our recovering economy. And we look forward to having more success in the future. We have an Economic Recovery Task Force that's going to be leading that effort that Steuart Walton is chairman of and have leading Arkansans that are supporting that effort.

With that, I'm very grateful for the opportunity to tell a little bit of Arkansas' story and look forward to the questions from the committee.

[The prepared statement of Governor Hutchinson follows:]

Congressional COVID-19 Testimony  
June 2, 2020

Thank you, Mr. Chairman (Representative Frank Pallone, Democrat-New Jersey), Ranking Member Greg Walden (Republican-Oregon), and Members of the Committee for the opportunity to share with you about our efforts to mitigate the spread of COVID-19 in Arkansas. Our fight against COVID-19 began in earnest on March 11 when testing revealed Arkansas's first case. I declared an emergency that day. From that moment, we took progressive and appropriately aggressive measures to minimize the impact of the coronavirus in Arkansas.

We had a dual mission. Our number one mission was to protect the health of our citizens, especially those who were deemed to be most at risk.

Our second mission was to protect the state's economy.

We took COVID-19 seriously from day one. As we imposed restrictions, I was guided by the data, by the experts, by my Secretary of Health, and by guidance from the White House and the CDC.

Before I talk about our philosophy and approach to fighting the virus, I'd like to discuss how we handled testing in Arkansas.

Testing is our first line of defense, our radar. Once we had identified the enemy, testing allowed us to track it. Testing is an early warning system for new outbreaks.

Our approach to testing has evolved and greatly improved, which has been the case all over the nation. In the early days, when the supply of kits appeared to be limited, we focused testing on those who showed symptoms of COVID-19 and those who had contact with those who had tested positive.

As we grew confident in the supply of kits and reagents, we broadened our testing. I have repeated a simple message: "If you think you have symptoms, don't wait—get tested."

To ensure that Arkansas was staying ahead of the testing curve, in mid-April I created the Testing Advisory Group to increase testing in Arkansas.

The members of the group quickly offered four recommendations:

- Expand testing for all patients with symptoms consistent with COVID-19 and those with history of potential exposure.
- Expand testing for contact investigations.

- Increase testing in high-risk settings, such as long-term-care facilities.
- Develop a strategy for statewide serosurveillance.

One of the easiest and most important of my tasks as Governor was to keep the state focused on the importance of testing, so I set goals as a way to focus attention and keep interest. On April 23, I initiated a two-day Arkansas Surge to increase testing from 1,000 tests to 1,500 tests a day over two days. Then, in late April, I announced a goal of testing 60,000 people in the month of May. By May 27, we had topped 66,000 tests. That is more than two percent of our population tested in a month.

Hospitals, health centers, and companies in the private sector have partnered with the state to provide testing sites. Walmart has set up seven testing sites in its parking lots. Community Health Centers committed to provide more than 2,000 test collections per week in May to help us reach the 60,000 goal. Their health centers offered multiple testing sites, including drive-through screenings and testing tents, all free of charge.

Just this past weekend, the Department of Health hosted free screenings in seven cities to anyone who requested a test. We are testing at local health units across the state.

Through the expanded testing, we have pinpointed hot spots in the state. We discovered a spike in Northwest Arkansas with a high incidence in the Hispanic community. That told us we needed to improve our messaging to that community.

Our radar allowed us to know where to go.

In combination with the expanded testing, we have developed the infrastructure and personnel for contact tracing. We have increased our contact tracing team from three nurses in March to more than two-hundred who are tracking people who have had contact with someone who was ill or tested positive.

My goal is that by autumn we will have tested far more than 10 percent of our population.

Arkansas is not a monolith.

We quickly learned that there is not a single strategy that works for every state. In fact, each region in Arkansas has a different population density and other factors to consider as you take action.

So we did not take a one-size-fits-all approach as we studied what activities and businesses to limit and how to go about that. Different industries and businesses required different limitations.

Early on, we prohibited visitors to nursing homes, even by family members.

This was a terrible hardship that affected a member of my staff, whose father was in a nursing home. She wasn't allowed to see him for weeks, even though it was clear his health was deteriorating daily.

We prohibited elective surgery so that we could preserve our supply of personal protective equipment for front-line workers who were dealing with the virus. We also wanted to ensure that our hospitals had a sufficient number of beds and ventilators.

We closed schools. Initially, I closed schools in four counties in Central Arkansas for several weeks. Eventually, we closed all public schools in the state through the end of the academic year.

I became increasingly alarmed at the potential threat COVID-19 posed to our economy. Before COVID-19, we had enjoyed months of historically low unemployment rates, and our economy was thriving.

We have a lot of industry. Many retail and trucking companies are based in Arkansas. Arkansas has a solid foundation of small businesses. Like certain populations that were more at risk from COVID-19, our small businesses were at a higher risk of long-term or irreversible damage if we were to shut down our economy.

One of my most significant decisions was to resist the pressure to issue a stay-at-home order. As the national call for shelter-in-place orders increased, the unemployment rate in Arkansas had jumped from 3.6 percent at the beginning of the year to 5 percent in March. By mid-April, the rate had doubled to 10 percent. Our business and our workers were hurting.

My public-health team advised that a stay-at-home order would not significantly slow the spread of COVID, and I knew a stay-at-home order would cost thousands more Arkansans their jobs and possibly cause more small businesses to close permanently.

We concentrated on sending strong messages encouraging Arkansans to follow social distancing guidelines, wash their hands often and well, and to wear masks in public. I trusted the citizens of my state to act responsibly in their personal choices.

Some segments of business could contribute to the spread, and we considered them and restricted or closed them on a case-by-case basis.

As we proceeded cautiously into uncharted territory, we targeted our remedies at specific areas that were suitable to Arkansas's unique needs.

We calculated which businesses and personal activities presented the highest risk of spreading the virus. Restrictions that were appropriate for a barbershop weren't necessarily good for a hardware store.

Many of the measures we put in place were more stringent than other states, even those with stay-at-home orders.

The typical stay-at-home order exempted essential activities and businesses. In many states, essential activities include manufacturing, hardware stores, and legal, accounting, and insurance services. Every morning in California, which imposed one of the strictest orders to shelter in place, millions of people left home for work.

If I had initiated a stay-at-home order similar to California's, more than 700,000 Arkansans would have been exempt and would have got up every morning and gone to work. Thousands of others would have left home to buy nails at the hardware stores or to shop at Kroger, Walgreens, and Walmart.

Our targeted approach has worked for us. To date, the number of cases and deaths in Arkansas are far below the projections; 680 individuals have been hospitalized, and one-hundred-twenty-seven have died. Our rates are among the lowest in the nation. Our hospitals never came close to filling up. Our supply of ventilators was more than adequate; we even offered to send five brand-new ventilators to Louisiana.

We kept our numbers low by offering firm and sound guidance, by closing what we had to, and by trusting Arkansans to do the right thing out of consideration for their neighbors as well as for their own health. We advised against gatherings of more than ten people. That included places of worship.

We did order certain businesses to close. That list includes:

- Schools, bars, and the state's three casinos.
- Restaurants, although we allowed take-out meals.
- Barbershops, and hair and nail salons, massage-therapy clinics, tattoo parlors.
- Fitness centers, movie theaters, bowling alleys, and indoor amusement centers.
- State park lodges and campgrounds.



Hotels and motels were prohibited from leasing rooms to out-of-state travelers except those who could show they were in the state to work.

We encouraged state and private-sector employees to work from home when possible. Most members of my staff have been working from home since March 23.

On April 28, I made the first announcement about a limited lifting of restrictions. I announced that state parks would reopen on a limited basis. These other announcements followed:

- On April 29, the limited reopening of restaurants for sit-down dining;
- On April 30, gyms and fitness centers;
- On May 1, barber shops, salons, clinics, and other services.
- On May 4, indoor venues such as theaters, arenas, stadiums, and auction houses with fewer than fifty participants.
- On May 7, the state's three gaming casinos.

In May, I created the Economic Recovery Task Force with a mandate to find the best path to economic recovery. The Task Force identified its three constituencies:

Citizens. This covers everyone. The task force made a priority of providing all Arkansans clear and concise information about best practices, guidance, and measures that are in place to allow the state to safely return to in-person activities.

Employees. The task force is working to identify and eliminate barriers to a safe return to work.

Employers. Many businesses and other private-sector organizations have endured severe economic disruption. The task force will seek to provide all employers the tools, resources, and information they need to move forward.

In its first report, which the task force submitted to me last week, the members see cause for optimism that Arkansas will make a gradual economic recovery, but we have much work to do.

Until COVID-19, our economy had been booming. For months, our unemployment rate had remained at the historically low level of 3.6 percent, which is where it was at the start of 2020. By the end of March, the rate had increased to 5 percent. By mid-April, the rate had doubled to 10 percent.

We had 207,000 initial unemployment claims. We have 119,000 continued claims. We anticipate a 13.4 percent decrease in consumer spending for the second quarter.

We have lost thousands of jobs. In the lodging industry, for instance, we lost 5,536 direct jobs and 19,626 indirect support jobs.

A report from the National Governor's Association estimates that at the peak of business disruption in mid-April, approximately 35 percent of Arkansas's small businesses were closed, or about 17,000 Arkansas-based small businesses were shuttered and continue to face challenges and uncertainties. Although some have reopened since the mid-April peak, as of May 14, an estimated 22 percent of Arkansas's small businesses remain closed.

The US Census Bureau's Economic Pulse Survey from May 7-12 found that 39 percent of Arkansans report they have lost some income since mid-March; 23.3 percent more Arkansas households report they have experienced "housing insecurity" since the onset of COVID-19.

The Bureau of Labor Statistics estimates that Arkansas lost 9,600 manufacturing jobs between February and April 2020. This 5.6 percent drop is comparable to the rate of loss during the 2008 recession. With 150,600 employed in manufacturing, Arkansas's manufacturing employment stands at its lowest level since at least 1990.

The University of Arkansas's Agriculture Division reports a substantial decline in Arkansas's tourism-related economy.

That's a picture of the challenge that lies ahead. Here is what Arkansas is going to do.

The Arkansas Department of Commerce led an effort to utilize federal funds allocated to the State through the CARES Act to provide \$147 million for businesses in Arkansas across all industry sectors.

With a maximum grant amount of \$100,000 per business, 12,234 companies and organizations applied for grants. To date, 10,537 companies and organizations have been approved to receive funding.

Funding can be utilized to cover eligible expenditures including Personal Protective Equipment (PPE) and no-contact thermometers for employees and customers, no-contact Point of Sale (POS) payment equipment;

Supplies and disinfectants to initially deep clean premises and for use on an ongoing basis. Other eligible uses included: expenses associated with hiring a third party to perform periodic deep cleaning services, hand sanitizer stations, restocking of necessary supplies/raw materials, expenses

associated with reconfiguring business to meet recommended health and safety guidelines, signage, marketing and other one-time expenses associated with reopening or resuming normal operations.

The Ready for Business grant funding will support the retention of 196,001 full-time jobs and 50,220 part-time jobs. The program was especially successful at meeting the need of smaller entities with businesses and organizations of fewer than 50 employees accounting for 94.5 percent of the applications.

The other matters that the task force will address:

- Liability protection for business owners.
- Affordable childcare.
- Workforce training.
- Expanded rural broadband.
- Formulation of guidance for K-12 education, higher education, and use of school facilities.
- Enhanced capacity for testing and tracing.
- Contingency planning in the event of a virus outbreak later in the year.
- Ensuring the food supply system remains intact.
- Growing consumer confidence.
- Advising on guidance for moving to Phases 2 and 3 as health indicators warrant.
- Recommendations for additional economic stimulus and/or legislation.
- Recommendations on regulatory changes that need to be extended or maintained post-emergency, such as tele-health, logistics, infrastructure, and zoning.

### **Conclusion**

Let me conclude by mentioning one goal for the month of June. we plan to test every resident and staff person in all the nursing homes in Arkansas. This is our most vulnerable population, and we want to do everything possible to keep them safe.

Thank you.

Ms. DEGETTE. Thank you so much, Governor. And thanks to all of our witnesses.

Now the Chair will recognize herself for 5 minutes for questioning. And let me begin by saying, as the members of the O&I Subcommittee know, we have a long history of examining pandemic preparedness. In fact, we've had 11 hearings in the last 15 years in this subcommittee on pandemic preparedness. And the most recent one, many of you will recall, was on December 4th, where we had many of the players who you see, including Dr. Fauci and Dr. Redfield and others, come and testify. And these officials have spoken candidly about the challenges that we would face during a pandemic. And, so, I was pretty appalled that the Federal leadership and systems failed as dramatically as they did when we actually did get a pandemic, because of all the assurances that we had had.

Governor Whitmer, in your testimony, you stated, quote, "The overall Federal response on this front has been uneven. The uncertainty about the availability of supplies and the Federal Government's role in directing the allocation of these supplies has hindered our ability to coordinate our testing strategy."

Governor, could you elaborate further on this uneven Federal response, and how it impacted Michigan's ability to combat COVID, particularly in the testing realm?

Governor WHITMER. Sure, I'd be happy to. Thank you for giving me the opportunity to flesh this out a bit for you. On the whole, our experience working with the administration, I think "uneven" is the right word. We are truly grateful for the supplies that we have received and for the ongoing assistance that we've gotten out of FEMA Region V and their team, as well as HHS and the CDC.

I'll just say that uncertainty about supplies, however, and the Federal Government's role in directing the allocation of these supplies, has really undermined our ability to coordinate a testing strategy. In the early months of the pandemic, testing supplies were extremely limited. Information was scarce, and the Federal Government's role in supporting testing was narrow. In May, we began receiving, you know, significant numbers of swabs and transport media, which was a commitment from HHS and FEMA for 450,000 swabs and over 300,000 transport media.

Now, while we are appreciative, we're often given very little information in terms of when that is going to be coming in. The information that we're given sometimes is inaccurate about what types of supplies are being shipped, what we anticipate receiving, and so it's made our planning very difficult. If supplies could be allocated more quickly and if we had a detailed breakdown of what was actually in the shipment, we could, you know, mobilize and ensure that we can make the best use of these supplies and hit our capacity. We have a capacity to do 25,000 tests a day in Michigan right now, and because we're lacking these fundamental pieces of doing the tests or because we can't plan on them with certainty, it's really—we haven't been able to achieve that 25,000 a day yet. And I think that's the biggest concern that I have.

I know that it was raised a question about the flu season. My chief medical expert in Michigan is just absolutely worried about flu season when it comes to supplies, when it comes to testing, when it comes to our ability to meet the needs.

Ms. DEGETTE. Thank you, Governor.

And, Governor Polis, you also—we've talked about this on our delegation calls, but also in your testimony, you testified about how Colorado was caught off guard by the conflicting messages and lack of support for the Federal Government as to what Colorado would get. Can you elaborate on that?

Governor POLIS. Yes. I think the most important things that we could do better with on the Federal side is on transparency and really knowing what we're going to get when. Consistency and transparency. A lot of discussions that left us as a State not knowing—not with a no, not with a yes—are there going to be masks? Are there going to be tests? Delivery dates that weren't met, but even greater, kind of sort of vague commitments at certain levels without that transparency level to know, at this point in time, this is what you'll get at this point in time.

That makes it very hard for a number of reasons, because we have to go out and then purchase our own. And if, in fact, the Federal Government does come through at a certain date at a certain time, then we might have too much of something and not enough of something else.

So, if we're going to plan in coordination with our Federal partners, we need to make sure we have all the cards on the table, everybody knows exactly what we're going to get when and what we're not going to get when, and then the States try to fill in the holes.

Ms. DEGETTE. And so, you think that's the kind of plan we would need as we look forward to the fall and beyond?

Governor POLIS. Yes. We would love a way where it's very clear to the States exactly what they will and won't get and, you know, within reasonable parameters, and we understand if it's, you know, a 2-day, 3-day window for delivery. I mean, no one is saying it has to be the exact day, but approximately when and what so that States can plan around that and then backfill the rest of their needs.

Ms. DEGETTE. Governor Whitmer, would you agree with that?

Governor WHITMER. Absolutely. I think that that's—absolutely.

Ms. DEGETTE. Thank you. Thank you so much.

Representative Guthrie, you are now recognized for 5 minutes.

Mr. GUTHRIE. Thank you, Madam Chair, and, again, thank you all for being here.

And, Governor Hutchinson, you answered my first question. I was going to ask about why you chose not to do a statewide order. So I'm going to skip right to the second question. And for all of them, I'll just go alphabetical by State if that works—Arkansas, Colorado, Michigan—but for all three of you.

But at the very beginning, Dr. Fauci came before us and says, we have to flatten the curve, we have to manage peak capacity, and until we get a vaccine, we're really not going to have zero cases. And I was on a call with some people and somebody said, as you all have experienced the most difficult—well, a very difficult decision is shutting down different parts of the economy. A difficult decision that could be even harder is when to open up, because, as we interact more, we know there are going to be more cases until we get a vaccine, but we can't stay shut down forever.

And so, my question is, one of your colleagues I saw on television, the Governor of Oklahoma, when they were expanding interactions, that he was kind of being criticized on television, he says, Well, "I have 300 cases and 4,000 empty hospital beds."

So I guess my question is, as you look to open up and as we interact, there will be flare-ups. I mean, what are you looking for? What data does your State look for to determine when you can open, and then if you're—what are you looking for to say, well, we reopened too much, we need to retract, as you move forward, kind of what are you looking for?

I'll start with Governor Hutchinson.

Governor HUTCHINSON. Well, thank you, Congressman. If you look back to the very beginning of this, it was all about hospital capacity. Well, hospital capacity is not an issue anymore in terms of our State, with 150-some or less than that hospitalizations. We have over 8,000-bed capacity. We needed to go back doing elective surgery. We needed to go back doing other procedures. And we've done that here in this State.

So what do we look at? And it's about the number of cases. That's important to know, but it's, more importantly, the positivity rate. It is about our contact tracing and the success of that, the recovery rate, and how many active cases that we have. Those are some of the things that we're looking at. Obviously, the end result or the ultimate test is, what are the deaths that are being caused from that? And we've been fortunate to have a minimal number in Arkansas.

But if you look at the future, the most important thing is that we have to manage this risk. We can't go back and say we're going to all be shut down. We've got to go into the fall, recognize there could be another wave, but we can't go back into sheltering in place. We have to be able to manage through this risk, and that is through the testing, that is through the contact tracing, and that's through the social distancing until we get a vaccine. And that's our strategy.

We're in phase 1. We're not going to go back, but we're going to wait till we open up more until we get a little bit more successful data that we can open up even more.

Mr. GUTHRIE. OK. Thanks.

And Governor Polis. And I've got 2 minutes, and I want to make sure Governor Whitmer gets a chance to answer. So Governor Polis?

Governor POLIS. Yes. You know, I think all Governors share a desire to reopen as much as possible as soon as possible, as long as it's a sustained opening, right? I don't think anybody wants to be in a situation where, because you have too many people together—and I don't think there is a State in the Nation, for instance, that's having 20,000-person concerts or events right now, and there is a reason for that. If that were to occur, it would likely lead to mass transmission of the virus, going from, you know, dozens of people to hundreds of people to thousands of people.

So you want to do this in a way that has safety guidelines around what—the types of aid that occurs. For instance, we opened up sometime ago, I think in late April, barber shops and salons, and we made sure that both parties were wearing masks, that

there was limited capacity in them. And so far, it's been a relative success story. We haven't heard of transmission cases that are linked to them. If there are, they would be minimized by that safer behavior.

So the answer is, as soon as possible in a way that doesn't have to be reversed, because it leads to an overwhelming of the hospitals.

Mr. GUTHRIE. Thank you.

And Governor Whitmer?

Governor WHITMER. Sure. Thank you. So I appreciate the question, and I think that, because there hasn't been a national strategy, each of us has developed our own reengagement strategies, and, in Michigan, it's called the MI Safe Start. It's six phases. The vast majority of the State is in phase 4.

What we're looking at is the number of tests that we're able to perform a day, what the positivity of rates are, what is the capacity in our hospitals. All of these things go into that. But also working with the business community to develop protocols to mitigate risk associated with different sectors of our economy.

The most important thing we need to do is continue to ramp up testing in lieu of a vaccine or a cure, and that's precisely why getting these supplies is so crucial to reengagement and avoiding that second wave, because none of us wants to take steps backward. We want to keep moving forward.

As we look at testing—I know I'm out of time, but as we look at testing, I do think it's important to acknowledge we've got to be looking at diagnostic testing and not conflating serology testing with diagnostic testing. We have to get to that 1 to 2 percent of our population.

And if there is a possibility we could use the Defense Production Act to start producing swabs and the types of things that are so critical to testing, that's what we should be using the DPA for, and I'm hopeful that we will.

Mr. GUTHRIE. Thank you very much.

And I really, really appreciate you guys being here today. Thank you very much, and I yield back.

Ms. DEGETTE. The gentleman yields back.

The Chair now recognizes Chairman Pallone for 5 minutes.

Mr. PALLONE. I want to thank the chairwoman. And I really want to ask two things of our two Democratic Governors. One was to double down, Diana, on what you said about the Federal supply chain and the lack of national testing, and then briefly something about FMAP.

My concern is that, you know, I think that Democrats on the Energy and Commerce Committee—I guess I'm being a little partisan now—really do not trust the President to implement any kind of national strategy for the supply chain, the testing, or even the vaccines, and his constant effort to say, well, it's the States' responsibility, it's the States' responsibility, I don't believe that.

And so, as Democrats on the committee, we have tried in the CARES Act, in the bill that followed, the interim bill, and now in the HEROES Act, to really be more prescriptive to try to have some kind of uniform national policy, and also a lot of transparency, which both Whitmer and Jared Polis mentioned.

So I wanted to ask Governor Whitmer and then Governor Polis, if you look at what's in the HEROES Act, which is what we really wanted to do from the beginning—what we do is we have a supply chain czar, we require a national chain of command, and we have all kinds of transparency along the lines of what you said to make sure that you know exactly what the goals are, what's being delivered, what isn't, and when.

And then, with regard to the testing, we—you know, we would say that there has to be a national goal. I mean, right now, in Arkansas, is at 2 percent goal; New Jersey, 7 percent; Rhode Island is 14 percent. Governor Polis, you said, you know, people can travel from one State to the next. We have freedom of movement, so that doesn't work. And so we say that the testing has to be nationalized in the sense that there are clear goals, there are benchmarks, there are timetables, you know, for what do you do to—what testing level to achieve for opening schools, what testing levels for employers. A lot more detail.

If the two of you could just tell me what you think about that, you know, have comment a little, start with Whitmer and then Polis quickly, and then I'd like to ask a question about FMAP, if we could, briefly.

Governor WHITMER. OK. So there's no question that the testing is the thing that we need to do more of nationally. I can tell you, in Michigan, the things we're worried about are making sure that we've got the plastics, you know, the swabs, the reagents. These are critical components of doing this robust testing that every epidemiologist and public health expert is telling us that we need.

You know, we can debate about international manufacturing, but we have paid a price for the fact that these things have not been produced in the United States. And I would just submit that a national strategy to ensure that we have these test kits is the most important thing that the Federal Government really needs to take the reins on.

Having States bid against one another for supplies has created a shortage, has driven up the price, and has left us with deep and serious holes in a national policy, and I think, absent a national policy, just having the supply so we can execute on the front line is crucial. And FMAP's been great. I hope you extend it through June of next year.

Mr. PALLONE. And, Governor Polis, you particularly mentioned the fall. You know, I'm concerned that if we don't have a national czar and we don't have these national, you know, policies in place with specific benchmarks and transparency, we're going to have the same problem with vaccines. Dr. Bright testified before our Health subcommittee and basically said that.

So would you comment on that, and particularly as it relates to the fall and the next step in terms of the supply chain and national czar and a national strategy?

Governor POLIS. Thank you, Mr. Chairman. It is important that we do have a mechanism in place for national coordination on vaccine delivery, or there's going to be even greater free-for-all around that when we reach that fortunate date. Just like we have at the State, with our county health departments—in our State, each county has a health department. Some of them are multicounty.



The State plays a coordinating role, and the delivery of services of testing is locally administered. I think what I would like to see in the ideal world is the Federal Government playing that coordinating role, and then, of course, the actual work is locally administered by States and by counties.

We were particularly thrilled that in the HEROES Act it set a 14 percent FMAP increase. I can tell you the importance of that to States like Colorado and others is absolutely critical for the recovery from this crisis.

Mr. PALLONE. So, as you know, we increased it from 6.2 to 14. And, Governor Whitmer, would you support that as well for FMAP?

Governor WHITMER. Absolutely. We know that the economic crisis will outlast a lot longer than the health crisis, and this is something that's been really important in Michigan as well.

Mr. PALLONE. Thank you both.

And thank you, Chairwoman DeGette.

Ms. DEGETTE. Thank you so much, Mr. Pallone.

The Chair now recognizes Ranking Member Walden for 5 minutes for questioning.

Mr. WALDEN. Thank you, Madam Chair. And, again, thanks to our Governors for your leadership and your participation today.

One of the things going forward we're trying to look at is nursing home deaths. And I know that different States dealt with this issue differently in the early stages and some clear into probably a month ago that sent COVID-positive patients back to nursing homes. I think that happened in New York.

Each of you, how did you handle that issue with COVID-positive nursing home patients? Did you have them go back to the nursing homes from whence they came? And maybe we start—Asa, do you want to start, and then maybe Governor Whitmer, and then—

Governor HUTCHINSON. Well, sure. And, first of all, we would never send a COVID-positive patient into an environment in which they would expose others. Yes. So in any congregate setting, whether it be the prison or whether it would be a nursing home—obviously totally different—but we would make sure that the positive patients were totally separated from those that tested negative—

Mr. WALDEN. OK.

Governor HUTCHINSON [continuing]. And they wouldn't be required, of course, to go back there.

And so, you know, we've had challenges like everybody else, but our public health has just done an extraordinary job of going in and testing every resident that, whenever there's a positive case, and dealing with it head-on.

Mr. WALDEN. All right. And I understand, on CMS data that came out today, your rate of deaths per thousand in nursing homes is 6 percent, and I think Colorado is 28 percent, and Michigan shows up at 63 percent.

So is there a different policy in Colorado or in Michigan?

Governor POLIS. Who are you addressing the question to?

Mr. WALDEN. Let's go to Michigan first.

Governor WHITMER. OK. Sure. So I—63 percent, that is not an accurate number from the data that—

Mr. WALDEN. It's—I'm sorry. It's 63.6 per thousand nursing home deaths—

Governor WHITMER. So 23 percent is roughly what our number has been, and we know that people living in nursing homes in Michigan and across the country have faced unbearable devastation from COVID-19.

Like Governor Hutchinson said, we have taken efforts to ensure that, if a resident, after being discharged with a COVID-19 diagnosis, was going back to a nursing home, they are separated, that the protocols are very strict about what that looks like. And no COVID-19 patient has been—no nursing home is required to take a COVID-19 patient, and that's something we—

Mr. WALDEN. All right.

Governor WHITMER [continuing]. Felt was the right thing to do. We've had strict protocols around who can go into these congregate care settings—

Mr. WALDEN. All right.

Governor WHITMER [continuing]. And really prioritize PPE and testing in those facilities.

Mr. WALDEN. Governor Polis?

Governor POLIS. Yes. We set up a residential care task force in April that really helped address some of these issues. The team's been working to ramp up the testing of asymptomatic workers at senior care facilities, both through the Colorado National Guard as well as in a partnership with Colorado State University.

We require that every congregate senior care facility in the State prepare an isolation plan for their residents—

Mr. WALDEN. OK.

Governor POLIS [continuing]. That might have been exposed to COVID and not require hospitalization. Those who have had cases, have had to implement those plans, which might mean a separate wing. It might mean—of course it means things like making sure there's not roommates and dining areas. And, of course, the best way to prevent the deaths at nursing homes and senior care facilities is to prevent the virus from coming in in the first place.

Mr. WALDEN. Exactly.

Governor POLIS. And that's why testing asymptomatic workers is so important.

Mr. WALDEN. All right. I'm going to yield the remainder of my time to the gentleman from Michigan, Mr. Walberg, who I know has some questions as well and has waived on the committee.

Ms. DEGETTE. The gentleman is recognized.

Mr. WALBERG. I thank the chair, and I thank the ranking member. And it's good to see you, Governor. I appreciate you being here. I recognize the fact that we're all doing this for the first time, and we're learning as we go, so I appreciate that.

I guess I would just follow up. Being ranked at fifth in the Nation for overall deaths in nursing homes, with the most recent one I saw from CDC, which was beyond what you have now put out, was 1,654 patients who died and 12 staff members on top of that.

Why did it take you so long to change the policy, not only of putting COVID patients back in the nursing homes, but also reporting? Because it was just, I believe, this past Thursday or Friday you began to report, and that report was low, and it's been changed since then. But could you inform us why it took so long to begin the reports?

Governor WHITMER. So, Congressman Walberg, I think what Michigan has experienced with COVID-19 is different than what other States have. We had such exponential growth early on when we just started learning about how incredibly contagious this disease is and how people can carry it without having a single symptom and infect others.

We were working with the best counsel of our public health experts across the country and at the University of Michigan. Every policy that we instituted was informed by that data. We recognize that, of course, in retrospect, probably a number of decisions we would have made some adjustment in, but the fact of the matter is, when it comes to the data, one of the inherent challenges with COVID-19 is that people don't necessarily reflect on a death certificate that it is COVID-19.

I know a lot of other States have seen exponential reporting on their pneumonia cases. Well, if their public health goes back and looks, a lot of those could be COVID-19 deaths. And so I think that that's just the inherent challenge here.

We've done remarkable things in terms of sharing information. I'm happy to follow up with you.

Sorry, Chair.

Ms. DEGETTE. The Chair now recognizes—

Mr. WALBERG. I yield back.

Ms. DEGETTE [continuing]. The gentlelady from Illinois, Ms. Schakowsky, for 5 minutes.

Game time now.

Ms. SCHAKOWSKY. Am I in now?

Ms. DEGETTE. You're in now.

Ms. SCHAKOWSKY. OK. Thank you.

You know, I was informed of the first case in Illinois on January 30 by Dr. Redfield. That is 6 months ago, and we still have not bent the curve in the United States. One-point-eight million cases yesterday, and, on Sunday, it went—so it went up 26,000 from Sunday. Other countries have done better.

And I want to focus also on the hard-hit nursing homes, the long-term care facilities. CMS has finally started doing the promised releasing of information that they gave 2 months ago and said that 26,000 nursing home residents and workers have died. Media reports say it's closer to 40,000. In my hometown, we know—in my home State, rather, of Illinois—I know that nursing homes account for over half of the confirmed COVID-19 deaths, and in other places in the country, it's as high as 70 percent.

And it's just unacceptable that the racial disparities and overall COVID-19 cases and fatalities also extend to nursing homes. We see higher deaths among African Americans and Latinos in Illinois and around the country.

The COVID-19 crisis in our Nation's nursing homes and long-term care facilities is a national disgrace, and we have not seen help from the Trump administration. They have failed to publish data until beginning now; ensure access to testing, which is so important; and coordinating of distribution of PPE.

And I just want to thank the heroes that are going every day to work and are suffering from, you know, the challenge that they face in those nursing homes and the fact that they get up every day

and go to work. And I've been in constant contact with my Governor, J.B. Pritzker, who is doing his best.

So Governor Polis and Governor Whitmer, what I'd really like to ask you, how have you been keeping long-term care residents and workers safe? You mentioned some of those things in the last question, and I thank Greg Walden for raising the issue. And what do you need from the Federal Government? It seems to me that that is an important role for them to play.

If I could get answers from Governor Whitmer and from our good friend, Governor Polis.

Governor WHITMER. Sure. Well, thank you, Congresswoman, and I appreciate your passion on this issue. I know that this is something that, as a Nation, we're grappling with how do we do a better job keeping people in our congregate care, especially people who we know are uniquely susceptible to COVID-19.

You know, in lieu of a national policy in terms of nursing homes, in lieu of all of the robust testing supplies that we need, I think it is really incumbent on the Nation's Governors to ensure that we have a handle on who's going in and out of those congregate care facilities, that we are setting a higher standard and getting every single person there tested regularly so we are in an ability to isolate.

That's the key. In lieu of this vaccine and cure, that is the most important thing that we can do. And so I would like to have every nursing home patient tested regularly, every person who's going into a nursing home tested regularly, with a plan to give them paid sick leave so that they don't feel compelled to come into work if they—if they or someone they know or is close to has any symptoms of COVID-19. That's one important piece of it.

And I'll let Jared take the—I've ate up some time. Thank you.

Governor POLIS. Yes. Thank you, Congresswoman Schakowsky. You know, about two-thirds of our outbreaks in Colorado have been in congregate care settings for the elderly, and it's—you know, within some variation, it's similar to where many other States are. We set up our residential task force in early April.

We also appreciate the effort of the Federal Government to deliver personal protective equipment to certified nursing homes, but just to put that in perspective, certified nursing homes is about 226 in our State. We have about a thousand senior congregate care living facilities, so they're just—the equipment is only going to a sub-classification of the total number of places that older Coloradoans live together.

We have also required isolation planning from all of those facilities, and we are rapidly stepping up the testing of asymptomatic workers, which is not a one-time thing, right? If you test a worker that's asymptomatic and they're negative, it's only as good as it is on that day and time. In a fully scaled-up scenario, we would love to be testing workers once a week to see if we can prevent those infections from even reaching those senior care facilities. And we need help with the supplies as well as continued testing to help keep it out of those facilities.

Ms. SCHAKOWSKY. Thank you, Governor.

Governor WHITMER. We need some help from the Federal Government.

Ms. DEGETTE. The Chair now recognizes Mr. Burgess for 5 minutes.

You need to unmute, Mike.

Mr. BURGESS. That sound better?

Ms. DEGETTE. You bet.

Mr. BURGESS. OK. So thank you to our panelists—

Ms. DEGETTE. I kind of like it on the mute, but—

Mr. BURGESS. Yes, I thought you would.

I want to welcome our panelists, our Governors to the hearing.

Governor Polis, it's good to see you again. Governor Polis and I served for what seemed like forever on the House Rules Committee. We're doing OK over there, but it's a little less exciting without having you there.

I do want to acknowledge to Governor Hutchinson, although I'm from your neighboring State of Texas, I'm related to Arkansas by marriage. All of my wife's people are from Prairie County.

So let me just ask all of you to—and we could answer whatever order you prefer—the difficulty with getting the CDC up to a level where testing was sufficient. Early days, the CDC was only putting out single digits of tests at a time where the requirement was many, many times that. So the impact to the delay that the CDC had on the diagnostic tests in your State, I'm interested in hearing from each of you. If we could please start with you, Governor Hutchinson.

Governor HUTCHINSON. Well, thank you, and come back to Prairie County anytime.

Mr. BURGESS. Yes, sir.

Governor HUTCHINSON. Good farm country here.

You know, in terms of—first of all, there's been a lot said about the role of the Federal Government. I think every Governor recognizes that, early on in this, the supply chain was weak, and—but it's gotten stronger and stronger. And, today, you know, within 90 days, you know, our Nation has actually ramped up its reagents production, the supply chain for testing. And I have confidence in that supply chain that has been built up both in the private sector and through CDC.

And also, you know, in terms of the Federal standards, I look at the CDC guidelines, and I think they've been very, very helpful in setting some national standards for how we reopen and how we do gymnasiums and everything from sports to churches. Those guidelines are very, very helpful to us as a State. Obviously, we can tweak them, but that's what, to me, State flexibility is all about.

You know, in terms of the testing, the CDC has made a commitment to us on testing and supply chain, and they're fulfilling that. That's the reason we're able to go from, you know, a thousand tests a day up to close to 3,000 tests a day. It's because the CDC has accelerated their supply chain and it's working for us.

Mr. BURGESS. Very well.

Governor Polis?

Governor POLIS. Yes. I mean, I think that the supply chains are in a better place than they were. But the CDC, in the early days, we did not count on them. Ultimately, they validated some tests, perhaps. We reported, as I think most States did, the presumed positives, meaning we validated them in our State lab, and the

number coming from CDC was so ridiculously low. So, once we had a test validated—and we still report our State-validated tests.

I don't know how far behind CDC is in validating. I don't know what their numbers are, because, honestly, we don't even use them or track them anymore. Our State lab and the private lab partners are the ones that provide the daily information on exactly where we are with the virus.

Mr. BURGESS. Sure.

And Governor Whitmer?

Governor WHITMER. Thank you.

And, you know, I agree with the sentiments of my colleagues here. I would just add that, you know, the supply chain crosses at State and national borders, and regardless of some of the hiccups of the CDC and some of the wasted time early on, Michigan's brought on nearly 70 in-State laboratories on numerous of high throughput systems. We just cannot be fully utilizing what we've created here without a consistent, reliable, abundant source of supplies.

And I think that's the frustration that I have, and I'm confident many Governors on both sides of the aisle have as well. Testing is crucial to our ability to know what—how vast COVID-19 is in our States, to assess if there is a second wave and how we bring that from becoming exponential growth. And that's, I think—

Mr. BURGESS. So what—we're going to run out of time. Can I just ask each of you quickly how you're modernizing your State's public health labs?

Governor Whitmer, we can stay with you.

Governor WHITMER. Sure. I mean, we have ramped up dramatically. We built our own lab early days because we didn't want to send results to the CDC and wait for them to come back. So we've made incredible strides on that front.

Mr. BURGESS. OK. Governor Polis?

Governor POLIS. Yes. I'm very proud of our State lab. They've scaled up to be able to process up to 8,000 tests a day from just 200. I think the State labs are very much where it's at. A lot of them have risen to the occasion. They're an appropriate way for national coordination, local administration at State labs across the country.

Mr. BURGESS. And Governor Hutchinson?

Governor HUTCHINSON. Well, the same here. And the CARES Act funding has helped a great deal as well to beef up the infrastructure of our State lab, and we're not only increasing our testing, but also building a capacity for antibody testing that we'll need very much in the fall as we look to continuing to live and function in this environment.

Mr. BURGESS. OK. Thank you.

I yield back, Chairman.

Ms. DEGETTE. I thank the gentlemen.

The Chair now recognizes Congressman Kennedy for 5 minutes.

Mr. KENNEDY. Madam Chair, thank you. And to our Governors, thank you very much for being here. Good to see you again, Governor Polis, Governor Whitmer. It's a pleasure to have you here, Governor Hutchinson.

Numerous experts, including former CDC Director Tom Frieden, former FDA Commissioner Scott Gottlieb, and former CMS Acting Director Andy Slavitt have all stated that robust and increased contact tracing capacity throughout the country will be essential to contain COVID-19, ensuring that communities can safely resume a pre-pandemic life.

Some States, such as mine here in Massachusetts, were early leaders in that front, launching a new collaboration with partners in health in early April to establish a virtual call center of roughly 1,000 contact tracers. But, according to experts, the Nation will need as many as 180,000 contact tracers to effectively stem the tide of this virus. Clearly, we obviously have a long way to go and investments to make to build this critical workforce. So, fortunately, Chairman Pallone, as he said, in the HEROES Act, would provide resources to help support this workforce and expand contact tracing efforts on the ground.

Governor Polis, I want to start with you. Many experts point to robust contact tracing capacity as important for our containment efforts, as I said. Do you believe that continued increase in contact tracing capacity and building contact tracing workforce, both in Colorado and across the Nation, is a critical component to your response?

Governor POLIS. Absolutely. A test is only as good as how we can better isolate the individual and those who come into contact with the individual. There's no proven, effective clinical treatment for coronavirus. And, frankly, what most doctors will tell somebody who tests positive is you go home and get better. If you need hospitalization, don't hesitate to get hospitalized.

So, really, the benefit from testing, because we're, of course, encouraging people to self-isolate who are sick, is twofold: of course, identifying asymptomatic cases that are positive, and then, of course, tracing who came in contact with somebody who was contagious at a certain period of time, so that we can have targeted isolations and quarantines, so certain people—or perhaps placing people who work in a common workplace are isolated for 14 days, rather than the societywide quarantines and isolations, which are devastating for our economy as well as our psychological health and our society.

So that's really the goal with increased tracking and tracing.

Mr. KENNEDY. And, Governor, what obstacles are you confronting in trying to staff up the necessary personnel that's needed to do this?

Governor POLIS. I would say two, but certainly, we know how to do it. There's really two. One is time, meaning it's not something that you can turn on. You have to train people. You have to get them up to speed. We wish that we could have had this a month ago, right, but we are working very hard. We've doubled the number of epidemiologists in our State.

The second is money, right? And some of that was in the CARES Act, some of that is in the HEROES Act. But, absolutely, especially given the enormous, devastating cuts to State budgets, if we're serious about increasing tracking and tracing, there'll need to be a Federal role in partnering with States to do that.

Mr. KENNEDY. And so, Governor Hutchinson, you had stated in your testimony to the Testing Advisory Group that you formed in mid-April that there are four recommendations, including expanding contact tracing. What challenges have you faced in trying to ramp up those capacities, and what else do you need?

Governor HUTCHINSON. Well, thank you. And Governor Baker and the team there in Massachusetts have done a very good job, setting a good example for the Nation. But in terms of the challenges, there's many. It is the training. It takes a little bit of a unique personality to be able to call somebody up and start asking questions about, "Who have you been in contact with over the last few days, and give us that information, and, by the way, you need to quarantine and isolate yourself, and we're going to check with you every day."

That takes some training to be able to handle those calls, because it's a very sensitive area, and it's very critical. And I think, as time goes on, you're going to get more resistance to that, because, if we have 250 cases, that could mean that close to a thousand people are going to have to isolate or quarantine once you do your contact tracing, and that is a huge hit on people's lives, and they're going to have some pushback if you—as we go through this.

But it's absolutely essential to do it, so it is the training. Obviously, we're utilizing some CARES Act funding to beef that up. You need the right people. And we're looking at some private contracts to help us, because when we get an immunization for this, we're probably going to have to scale back quickly, and we're going to be beefing up for thousands of workers, and a contract might be a useful tool to use.

Mr. KENNEDY. Thank you, Governor.

And real quick, Governor Whitmer—I've only got about 30 seconds left—I'm curious, from your perspective here—and, again, there's a very—you know, heavy urban parts of your State, there are rural parts of your State, have you seen a difference in terms of engagement there, urban role, with regards to contact tracing? You know, what can we do to support you?

Governor WHITMER. Sure. What I will just add to what they've said in the last 10 seconds here is technology. We have to get people to answer the phone. Our ability to test and isolate and trace is dependent on people feeling comfortable to share information and to be honest. Not that there's a penalty with being honest. So, basically, would be a helpful thing on top of a robust campaign federally to get people tested and to get them to answer the phone when we start the tracing.

Mr. KENNEDY. I appreciate that. Thank you. Thank you, all. Goodbye.

Ms. DEGETTE. Thank you.

The Chair now recognizes Congressman McKinley for 5 minutes.

Mr. MCKINLEY. Thank you, Madam Chairman.

Governor Whitmer, I'm going to direct my questions all to you, and I've got three questions, and then, after you can answer those, and I've got a followup after that.

Governor Whitmer, you have been openly critical in the media of the Trump administration's response to the pandemic. With all due respect, let's take a hard look at some of the actions that the



Trump administration and CDC have accomplished in chronological order.

On January 7, they established a coronavirus incident management system. On January 17, they began implementing screening at three U.S. airports. On the 21st, they activated emergency operations center. On January 31, the Trump administration declared the coronavirus a public health emergency. Then, following, on March 12, the World Health Organization declared that COVID-19 is a pandemic. The following day, the President declared a national emergency.

But, Governor, you hesitated, and, according to the Detroit Free Press, you waited till March 26 to ask for a Federal disaster declaration from the President. So, by the time you asked for that declaration on March 26, 12 other States had already requested and had been approved for that, and almost 60 Michigan residents had died of COVID-19.

So—and this is a two-part question there. Governor, do you regret not acting sooner? And, secondly, remember that 12 other States had already acquired disaster declarations. Do you think Michigan should have been put in the front of the line and ahead of these other States relative to the Federal stockpile, the SNS?

Second question. Governor Whitmer, on March 27, you told radio station WWJ 950 that Michigan was in trouble getting the equipment they needed because you allege that the Federal Government was telling vendors—the Federal Government was telling vendors not to honor the contract they had with Michigan. These are serious violations—or allegations. Governor, will you release the names of who those vendors were?

And then the third question. Governor, according to The Washington Post, more than 25,000 nursing home residents and more than 4,000 nursing home staff have died nationally. That's 25 percent of all the COVID patients. And as of Friday, at least 1,216 nursing home residents have died from COVID in Michigan, which is about a quarter of your State's total. Other States have instituted mandatory testing of nursing home residents and staff, but apparently you have not. Why not, Governor?

Could you answer those questions, please?

Governor WHITMER. Congressman, thank you for raising these questions. And with all due respect, I'm not going to go toe to toe with you on every allegation that you've alleged. I will say this, though, the United States lost valuable time in the early days of COVID-19 when we could have been planning, when there could have been a national strategy, when the use of the DPA could have been used, not for meat production but for swabs, which we still don't have enough of.

What we know in this country is that the enemy is not one another, it's a virus, and the virus doesn't stop at State line and it doesn't stop at party line. We have to band together to address the crisis that has ravaged our Nation, that has killed over 100,000 Americans, that has unemployed 40 million Americans. Until we get our arms around the health crisis, the economic crisis will be longer and deeper, and that's precisely why we have to get this right.

Now, when I went to the media and I was talking about the fact that, because the Federal Government did not have these supplies, we were told to procure them on our own, I started contracting globally. I never imagined I would have to create a global procurement office in the middle of my State emergency operation center, but that's what we did. And as our contracts were coming due, we were getting calls saying that they were going to be delayed or they were going to be canceled. I acknowledged that publicly.

You know what? Republican Governors have acknowledged that same thing. For whatever reason, I've gotten the criticism for raising that, but I am not alone in that experience. And I would direct you to speaking with other Governors to acknowledge that, when we are procuring these on our own, we necessarily start bidding against one another. And guess who tops all of our contracting ability? It's the Federal Government.

So, while Michigan was heating up and exponential growth was happening here, it was the Federal Government that was where our supplies were getting delayed and distracted to, and that's why I was calling on help, because we had one shift's worth of PPE at that time.

Ms. DEGETTE. The gentleman's time's expired.

The Chair now recognizes Mr. Ruiz for 5 minutes.

Mr. RUIZ. Thank you very much, Chair.

I appreciate everybody being here today. This is very informative and very much needed.

Riverside County, the county in which my district resides, like so many others have seen, that the impacts of this pandemic have disproportionately and adversely affected vulnerable communities—communities of color, low wealth, resource-poor communities, and our immigrant communities. Black and Latinx individuals are contracting COVID-19, being hospitalized due to COVID-19, and are dying from COVID-19 at rates that are as much as four times greater than their share of the population in the city or the State.

My question to the Governors joining us today seek to find out what actions your States are taking to increase access to COVID-19 testing and care for these marginalized communities that have taken the brunt of the pandemic.

Governor Whitmer, in your testimony, you mentioned the staggering disproportionate rate of deaths from COVID-19 among Black Michiganders. You established the Michigan Coronavirus Task Force on Racial Disparities, dedicated to Skylar Herbert, to study the causes, impacts of COVID-19, and make recommendations to address these related racial inequities.

How will the task force's findings and recommendations be incorporated into Michigan's response to support a more equitable system for ensuring access to COVID-19 testing and care?

Governor WHITMER. Congressman, thank you so much for your question. I appreciate the nature of it, and I think that, in light of everything that is transpiring in our country today, it's incredibly important that we talk about the racial inequities inherent in COVID-19 and also inherent in our criminal justice system and, frankly, beyond.

That's precisely why I asked the Lieutenant Governor to chair this task force, so that we can get our best minds around the table

to understand how do we improve outcomes in the health realm for people, but also taking the lessons from this and using them to drive the policy agenda that we're going to pursue as well.

There's no question that COVID-19 has amplified preexisting social inequities that are tied to race, class, and access to our healthcare system, but we also know that communities of color, frankly, are frequently the ones that are unable to have the financial luxury to work from home, to stay on the front lines during our pandemic, don't have the kind of money to go and buy 3 weeks' worth of groceries, necessitating more and frequent trips. They don't have access to neighborhoods that might be in—you know, safe environmentally. And so these are all aspects to the lessons that we're seeing.

Mr. RUIZ. What exactly will the State do to remedy some of these?

Governor WHITMER. So we know that there's not an overnight solution, but we have gotten the process started, and it includes your colleague. Congresswoman Brenda Lawrence is a part of this effort, because it's important that all of these lessons are taken not just in this moment, but to drive an agenda that mends and heals this experience.

Mr. RUIZ. Governor Polis, communities of color in Colorado have also experienced higher rates of COVID-19-related death than their White neighbors. In your testimony, you mentioned that Colorado's public health response is focused on protecting the most vulnerable communities in your State. How does Colorado plan to increase access to testing and care for these communities of color and other vulnerable populations, including by making sure it is affordable? And what do you believe the Federal Government could be doing a better job in helping your State and others address these disproportionate impacts and systemic inequities?

And, also, Governor Polis, I just want to say we miss you on the congressional Democratic baseball team.

Governor POLIS. We miss you, too, Doctor. So, first of all, we have over 45 free community testing sites across our State. It's quick, it's easy, it's free. We've made clear in our English and Spanish communications that no one asks about citizenship or status. It's available for everybody. We have widely marketed materials in English and Spanish, and we have limited translation of materials into a number of other languages. I've talked to a group of Somalis and folks the other day, and we have some of the documents that are translated into Somali. But the clear message is it's free, it's easy, it's quick to get tested at any of the over 45 free community testing sites.

In addition, we formed a task force on healthcare disparities and are really working closely with Latino and Black communities to really identify some of the systemic issues that led to the different impact of COVID-19 as well as, in this crisis, address how we can get better testing and care out to minority communities.

Mr. RUIZ. Thank you.

I think this is a very important moment to pause and reflect. In the future, when there are attempts to cut the offices of minority health, to defund programs that look at health disparities, or pipelines that help produce more minority providers and public health

experts, you know, many people in the field have said that it has detrimental effects on the actual health of human beings, and it is now no more pronounced than in a pandemic, seeing the death rates due to these chronic disparities that we need to address as a Nation.

Thank you very much.

Ms. DEGETTE. Thank you.

The Chair now recognizes Mr. Griffith for 5 minutes.

Mr. GRIFFITH. Thank you very much, Madam Chair.

Earlier, I made a point of order relating to House Resolution 965 and regulations promulgated by the chairman of the House Rules Committee in accordance with that resolution. While I don't care for House Resolution 965, it is important that we strictly follow the letter of the resolution and the regulations promulgated thereunder.

Today's hearing or proceeding is not the problem. These witnesses are honest. The problem is that the regulations the Rules chair promulgated are, at best, clumsy. If we have a witness in the future who intentionally misleads this subcommittee on a material fact, i.e., perjures themselves, as an attorney, I am confident any attorney worth their salt would successfully defend and have their bad actor found not guilty of misleading us or perjuring himself.

I implore the majority reread the sections I mentioned and rewrite the regulations. Don't read the resolution and the regulations for what you meant them to say. Read them for what they actually say.

Thank you, and I'm now going to go to questions.

Governor Hutchinson, in a paper released by committee Republicans on testing and surveillance, we recommended that a top priority should be testing nursing home and assisted living residents and staff, whether symptomatic or not. Nursing homes and other congregate living centers account for more than 40 percent of the COVID-19 deaths nationally, even though residents at these facilities represent a fraction of a percentage of the population.

It is my understanding that you have made a pledge to test all nursing home residents and workers starting this month. Can you explain this initiative and how it fits into your overall testing strategy?

Governor HUTCHINSON. Well, thank you. And I appreciate the committee report that emphasized the importance of this. And the reason we're doing it in Arkansas is that, of course, this is the most vulnerable population. We want to be able to keep them safe, and with the staff going in and out of facilities as necessary, we want them tested whether they're symptomatic or asymptomatic. So that's a critical part of it.

It also will identify, you know, any residents that are positive, and we can isolate them or take the protective measures. I think it will be a great boon, and what we ultimately want to get to is that we can once again have people tested to go in and visit a family member. We've got to be able to stop having total isolation of someone in a nursing home and to let them come back, to be around their loved ones again, and hopefully, through this testing process, we'll eventually be able to get there.

Mr. GRIFFITH. Well, and I appreciate that. I know somebody whose loved one was in a nursing home, had some dementia, would not—without their family there to encourage them, would not do their therapy, and then subsequently, within a week or so, died after they contacted me about the problem about getting in to encourage them to do their therapy. So I know that that's important.

Has the State established protocols for if a resident or employee tests positive in order to prevent an outbreak, and, if so, what protocols do you have at this point?

Governor HUTCHINSON. Well, of course, if an employee tests positive, then they are isolated. They're quarantined. And, you know, there's been a question as to whether a—somebody—a staff person who tests positive should be able even to treat and work with positive patients. And, early on, with desperation, I think that was done in some isolated cases, but we've got sufficient resources now that that should not be done. That's not the ideal.

So they're simply isolated, and given, of course, the health benefits. And they should be paid during that time. Every worker who tests positive should not have an obstacle and say, "I'm not going to get tested because I might lose 14 days of wages." And that's something that we need to continue to do.

Mr. GRIFFITH. Well, that's a really good point, and I appreciate that.

As a note on some prior testimony, I would point out that the Defense Procurement Act was, in fact, used to give funds to Puritan Medical Products in Maine, and they are increasing their swab production by 20 million, so they're doubling it from 20 to 40 million. I think that's important.

Would you agree with that, Governor?

Governor HUTCHINSON. Absolutely. I mean, the Defense Production Act has been utilized for the supply chain, and that's been appropriate, and it's been quietly influenced by the Federal Government as well as to where the hotspots are, where the priorities are. And I would say that the use of Defense Production Act in terms of the supply chain for food, for poultry, for meat, that is essential. We cannot go to our grocery stores in this environment, in this America, and not have sufficient food for people who need that nourishment. And so the supply chain, I'm glad that the President invoked it for that purpose.

Mr. GRIFFITH. And I agree and yield back.

Ms. DEGETTE. I thank the gentleman.

The Chair now recognizes Ms. Kuster for 5 minutes.

You're going to need to unmute. There you go.

Ms. KUSTER. Excuse me. We'll get the hang of it. I'm trying to do two things at once with my testimony. My apology.

Thank you so much for being with us. I want to thank you. This is not a partisan issue. We have a Federal delegation here, Democratic delegation in New Hampshire, and a Republican Governor, and we have struggled with all of the issues that you've talked about with PPE and with testing and with supplies.

I want to move to the next step, which is moving forward about an even more dangerous second wave of COVID-19, along with the flu, next fall or winter. CDC Director Dr. Redfield has cautioned that a second wave of COVID-19 could be even more dangerous.

Given the burdens that COVID-19 placed on the Nation's public health and healthcare system, it's my belief that we have a very brief window to learn from our past missteps that you all have outlined regarding supplies and testing and PPE and prepare for this second wave. And I wanted to say, not just with regard to additional testing and care demands on our providers, but also the vaccinations that we are going to need across our country.

Governor Whitmer, I'd like to ask you, in light of the COVID-19 testing challenges your State has faced, what solutions can be applied in preparation for a potential second wave of the virus to ensure that your progress is not undone?

Governor WHITMER. Congresswoman, thank you for the question. I think that it's an important one. I know that, while we've been through a tremendously difficult couple of months, a second wave would be even more devastating, and that's precisely why it's so important we get this right as we think about reengagement.

It's also why I'm working with some of the best experts and epidemiologists in the country to inform every step of the way, also working with a bipartisan group of midwestern Governors to share information about how we're phasing in our economies. We've got to avoid a second wave at all costs, and ensuring that there is robust access and utilization of a flu vaccine and that people aren't putting off other vaccines that they are due for is all a critical component to us being as strong as we can going into the fall.

And it's also why things can't just flip a switch and return to normal. We have to turn a dial and incrementally reengage, knowing that, until we have a vaccine that is widely available, we've got to wear masks and socially distance and be really smart. But I think all of these pieces are why it's so critical we make a data-driven, fact-based approach and listen to the science, and build up our stores of testing and our ability to trace and isolate.

Ms. KUSTER. Well, I appreciate that, and particularly your comments about a lack of a national strategy for testing. We definitely need a national strategy for vaccination, and we had some troubling testimony from Dr. Rick Bright in our committee about the lack of national strategy and planning and preparedness.

I want to ask you, Governor Polis, as the public health workforce and healthcare providers focus on vaccination going forward, I want to understand if you have lessons learned in your State. And, particularly, I'm concerned about the equitable distribution of vaccines once it's approved, and particularly in lower-income communities, rural communities, and, most especially, given the events of this week, in communities of color, who we know have been disproportionately impacted by COVID-19 with a much higher rate of death. And how can we be certain that the vaccine, when it becomes available, will be available in an equitable way in communities of color and also rural communities in your State and across the country?

Governor POLIS. First, for the vaccines we have, namely the flu vaccine, we're doing a major effort, heading into late summer and fall, to increase our flu vaccine rates, because the last thing we want is a resurgence in COVID patients coupled with a worse than average flu season that would only contribute to overwhelming our hospitals.

What's also important here is that we look at prioritizing those who are most at risk from COVID-19 for vaccination when we have the vaccine. The CDC has current guidelines for who is at risk. It's 65 and up, and it's a number of other criteria that they use. In our State, we added one, pregnant women, because we don't yet know enough and out of precaution we wanted to add pregnant women to the CDC list.

As that list is finalized, optimized, improved, that should be the list for who gets vaccinated first, those who have a much higher hospitalization rate and morbidity rate from COVID-19, regardless of their economic circumstances. The virus does not discriminate. It's based on the attributes, the age, and the other preexisting conditions that people have.

Ms. KUSTER. Thank you.

Ms. DEGETTE. I thank the gentlelady.

The Chair now recognizes Congresswoman Brooks for 5 minutes.

Mrs. BROOKS. Thank you all so very much for being here and for your leadership.

I want to build on a little bit talking about a second wave and the confluence of potentially of opening schools. Schools obviously had to close this year due to the virus, and while so many students transitioned to online learning, we know that the importance of re-opening schools and getting kids back into schools has to do with, you know, making sure they're adequately fed, making sure that teachers can report child abuse situations, having the opportunity to interact with their classmates.

Can you talk about—I'll start with you, Governor Hutchinson. Can you talk about your plans to reopen schools, especially with the concern about a potential second wave? And I'd like to hear about each of your—you know, each of your plans for the reopening, the use of testing, and what your State's game plan is. Governor Hutchinson?

Governor HUTCHINSON. Well, thank you, Congresswoman, and a perfect question, because, as you point out, for many the school environment is the safest environment for a child, and we're really missing something when we don't have the in-classroom instruction. And so we're very committed to opening school next fall for those reasons, as well as that's the best educational tool.

And we recognize, though, that there is—might have a second wave. There might be positive tests, and so we're making plans for a blended learning environment so that, if we have to close for 2 days for cleaning the school or for other reasons, we could go—shift very quickly to online instruction for a couple of days, and then come back to the in-classroom instruction. We're preparing that right now, but we're very committed to having school next year.

And then, in terms of the testing site—and, by the way, I am—the teachers, you know, some of those are going to be vulnerable populations, and they're going to be a little bit worried about this. We've still got to sort through to make sure the teachers have the support that they need in that environment. But we're going to have school. Testing is a big part of that, and quick response to testing, tracing that, and we're going to have it, though, because it's so critical.

Mrs. BROOKS. Thank you so much.

Governor Polis, anything different that you and your State are doing? As you know, my son has taught in Colorado.

Governor POLIS. Yes, and we appreciate his work here.

You know, I expect that schools will largely be back in the fall. And I use the word “largely” because it’s certainly possible there will be particular communities, particular neighborhoods where there are outbreaks, and there might be temporary measures, or some students might need to start online.

And, as the Governor in Arkansas indicated, it’s also important to know that there will be interruptions for some kids during the school year; namely, when there is a site-based outbreak, kids will likely need to move to an online format for a period of likely 2 weeks, so that there’s time for the incubation period, for people to get tested, and for people to return.

So our teachers, our principals, our superintendents are doing an amazing job under extraordinary circumstances. We—they truly would not have been able to have done that work without the CARES Act. I thank you and your colleagues for the support. I encourage an additional round of support for our schools during this very difficult period where they’re effectively being asked to, out of necessity, create a hybrid way of doing things in tandem, knowing that, by and large, we hope the kids are there and that they’re back, but there could absolutely be periods of time where they have to go online temporarily.

Mrs. BROOKS. Thank you.

Governor Whitmer, my son actually did a student teaching in Hamtramck area.

Governor WHITMER. All right.

Mrs. BROOKS. So just anything different that Michigan is planning on doing relative to reopening and to prevent this second wave of COVID in the fall, anything different?

Governor WHITMER. Well, so similar. I would just say this, that, you know, the decision to take kids out of school I know weighed as heavily on both of my colleagues here on this call as it did on Governors across the country. And I am the reason my daughter didn’t have a graduation ceremony, and that’s tough. I’m hearing it in my own household. But the fact of the matter is that science and the best information we had said that that was the right thing to do.

We’re now in a spot where we are impaneling a group to come together and promulgate practices for reengagement this fall. That is our hope and our plan. It might look differently than it did before. We might have to drop class sizes or have different additional protocols to keep people safe. But, like my colleagues both just said, that is our goal, is to resume some form of in-person instruction in the fall with greatly increased testing.

Mrs. BROOKS. Congratulations to your daughter.

Governor WHITMER. Thank you.

Mrs. BROOKS. I yield back.

Ms. DEGETTE. Thank you,

Next, I’ll recognize Congresswoman Castor for 5 minutes. Congresswoman.

Ms. CASTOR. Yes. Thanks, Chair DeGette, and thanks to the Governors for joining us today.



I want to ask a few questions about transparency in the testing plans, and in the data reporting. I think we all understand the key to safely reopening schools and our businesses is going to be that widespread rapid testing, with a diligent focus on our vulnerable neighbors, like in skilled nursing centers.

After the administration kind of failed to play that coordinating role early on with testing, testing supplies, the Congress passed bipartisan direction spearheaded by a lot of folks on this committee to direct HHS and the administration to do a better job in developing a national testing strategy, in partnership with States and local communities.

In the new law, it requires States to report a testing plan back to HHS. It provides resources to States to help with that. I'd like to know, did each of you submit your testing plan details to HHS, and did you publicly release that to folks in your State?

Governor HUTCHINSON. I can start. The answer is yes, we have coordinated our testing plan. We have submitted our testing plan. I'll have to check as to whether that's been posted on the website, but we certainly are transparent about that. We announce our goals continually as to what we want to do testing-wise, and that will be part of it.

Ms. CASTOR. Governor Polis?

Governor POLIS. Yes, we did submit that last Friday, and we've offered to make our plan public. I don't know whether it's been made public yet or not, but we've said that we will do that.

Ms. CASTOR. And Governor Whitmer?

Governor WHITMER. The same for Michigan, yes. We did a plan.

Ms. CASTOR. Did you release it to the public?

Governor WHITMER. I'm not sure if it is on the website. I'm going to double-check right now.

Ms. CASTOR. OK, because there's some consternation because the HHS, as I understand it, does not intend to release those details publicly, so we're going to have to count on the States to be transparent. I trust that you are doing that.

But we've had some other problems in reporting of public health data across the country, and I'd like to get your advice on how we standardize that data. For example, here in the State of Florida, early on we had resistance at the State level on reporting infections in nursing homes. Then we had medical examiner data that was redacted by the State while we have strong public record laws here in Florida that they're not allowed to do that. So they finally—when we pointed that out, they changed their tune.

And just last week, there was a story in Politico, they ran an article that highlighted the fact that bad State data hides the coronavirus threat as Trump pushes reopening. They quoted a public health expert from Columbia University that really sums it all up: "All these stories about undercounts, overcounts, miscounts are undermining our ability to deal with this pandemic. The country," he says, "is confronting an unheard-of level of chaos in the data, the protocols, and the information."

Would you share with me how any challenges you've had in the reporting of data, and what do you need from Congress to boost the collection and reporting of data and working with us to make sure

it's standardized from State to State so we have a true picture and are able to make informed decisions.

Governor WHITMER. I'll jump in. I absolutely support that goal. I think that the frustration that the general public and the Governors have and the like, as well as Members of Congress, is making sure that we've got good, accurate, real-time data. The data just simply around testing right now is very confusing, because some States include serology tests while others, like Michigan, are only doing the COVID-19 diagnostic testing in our data. That's just one of a plethora of examples of how it's different across the Nation.

An additional challenge is, of course, we've got local public health departments. So I've had to issue a number of executive orders requiring that hospitals and those local departments are, in real time, sharing data with the State. And it is a challenge. But I think direction and articulation from the Federal Government, along with additional support to ensure that we can get this done, would go a long ways toward really assessing where we are as a country and where we want to be.

Governor POLIS. I would just—I certainly agree with that. You can look at our extensive reporting at [covid19.Colorado.gov](https://covid19.Colorado.gov). I think all the States—certainly, I speak for Colorado. I was very disappointed initially with the level of data that I had as Governor.

We now have a lot more data, data on racial disparities, data on who died of COVID versus just who had COVID and also died as a comorbidity. We have data on who gets released from hospitals. These are all areas that we lacked initially that we have now. But we did it on our own, and I think the other Governors did it on their own, and I don't think there's the kind of standardization that we might like to compare apples to apples across the States on all the data.

Governor HUTCHINSON. And I agree with that as well. Hospitalizations is a good example, that those are electronically reported in Arkansas, but I don't know that that is the same nationally.

And then the other challenge is in the commercial labs. The commercial labs, of course, we get delayed data. It could be 2 days, it could be however long it takes them to get the test results back. And then sometimes we only get if it's a positive test back and we don't get all the negative information. So that transfer of information to our public health system is too slow and not sufficient data.

Ms. DEGETTE. I thank the gentlelady. The Chair now recognizes Mr. Duncan for 5 minutes.

Mr. DUNCAN. Thank you, Madam Chair. And I would like to yield my time to Tim Walberg from Michigan.

Ms. DEGETTE. The gentleman is recognized.

Mr. WALBERG. I thank the chairman. I thank Representative Duncan for yielding me some time.

Let me go back to Governor Hutchinson, and it's good to see you here. I have in-laws that retired down Mountain Home, and I spend a lot of time on the White River trout fishing. I enjoy that State.

Let me just ask this question: As a Governor—and I could ask it to the other two as well—why should the Federal Government

be responsible for funding the actions of a State, which are specifically not delegated to the Federal Government?

Governor HUTCHINSON. Well, thank you, Congressman, and come back and fish the White River anytime.

In terms of the division of authority between the Federal Government and the States, you know, I think it's been a fair balance. I mean, we can all complain it got a little slow early on, but, my goodness, in 90 days, we ramped up the supply chain for one of the most massive investments in production on healthcare supplies that we've seen in history.

And—but in terms of the funding side of it, I like the flexibility that's been given to the States. It's been Federal support with State flexibility, you know, Federal guidelines where the State can manage it. And I like that. I like the fact that we've had that flexibility.

I think, if you look at all the trend lines in the States, you know, for the pandemic, every one of those is different. You don't see it mirrored. Even within a State, you see different trend lines in different regions. We have to be able to have that flexibility.

Mr. WALBERG. Thank you.

Governor Polis, good to see you again.

Governor POLIS. Yes, thank you. I think the reality is, is that, when there's an emergency, we all rise to the occasion. And whether it's an emergency like Hurricane Katrina, whether it's fires in California, Colorado sent many crews, we rally together.

I think the unique nature of this emergency is we're in a state of emergency the first time in our history, is my understanding, in all 50 States in the Nation and the territories. So there's an unprecedented need for collaboration between the Federal Government and our State governments, but in a sense it's no different than how we've always come together as a Nation around national crises and emergencies.

Mr. WALBERG. Governor Whitmer? Turn your mic.

Governor WHITMER. Thank you, Congressman.

I would concur with what my colleagues said. I would just recognize that incredible challenges that States are confronting right now are real, and it's universal. We in Michigan have about a \$3 billion hole in the current year budget. It's bigger in next year's budget.

And as we look to where the bulk of State budgets are, we know that it's in public health, public safety, and public education, all of which are incredibly important in a global pandemic. And so I think that's why it's—I think that's why it's so important that we work together.

Mr. WALBERG. Is somebody else on?

Ms. DEGETTE. Everybody needs to mute except the people talking.

Mr. WALBERG. I can get 3 seconds back there.

Governor Whitmer, how much of the Federal stimulus money Michigan has received so far has your administration spent?

Governor WHITMER. A great question, Congressman. I know I've got the answer right here. So at this juncture, I first want to reiterate how grateful we are for the support that we have gotten. With some of the Federal funding that's coming to Michigan, we've spent, you know, a total of—if you just look at provider relief funds,

\$900 million for hospitals; \$326 million for rural healthcare providers; \$1.2 billion for disaster loans; total loans approved are 16,000 of them.

Mr. WALBERG. Those are moneys you've spent or received?

Governor WHITMER. These are moneys that have been made available to Michigan businesses, hospitals, and via congressional relief legislation.

Mr. WALBERG. I guess the question I have, of the \$3.2 billion that I've seen that Michigan has received, quite a bit of that hasn't been spent yet, and I'm wondering why they haven't.

Governor WHITMER. Congressman, you know what, I'm happy to follow up with you and give you a full accounting for each of the expenditures that we've made on behalf of the people of Michigan, so you've got that.

Mr. WALBERG. Thank you. I look forward to that.

Governor WHITMER. Happy to.

Mr. WALBERG. I yield back.

Ms. DEGETTE. I thank the gentleman. The Chair now will recognize Congressman Tonko for 5 minutes. You need to unmute. We still don't hear you.

Mr. TONKO. Can you hear me now?

Ms. DEGETTE. Yes, thank you.

Mr. TONKO. OK. Thank you, Chair and ranking member, for what is a very, very important topic, and thank you for all the information that people have exchanged.

Since the onset of the COVID-19 outbreak, States have faced immense challenges in obtaining testing supplies and other critical medical equipment such as swabs, masks, gowns, and gloves.

The Trump administration has left States to battle each other for scarce supplies on the private market rather than leading a centralized national effort. As a result, States have been forced to outbid each other for medical equipment while scrambling to find new suppliers. This has led to higher prices, costly delays, inefficient allocations, and widespread confusion.

And so, Governor Polis, it's good to see you. And can you describe the challenges Colorado has faced in competing against other States for critical medical supplies?

Governor POLIS. Yes. We have to compete against global demand for personal protective equipment, also for testing. And I think it's to be expected that we compete against other nations. What the surprise element is here, is we're competing against other States, and sometimes even our own Federal Government.

So I think, as a Nation, all 50 States and our territories really need to be able to coordinate, in a more effective way, local distribution, local autonomy, but coordination with regard to acquisition so that we're not costing one another more by bidding up prices in competition with one another.

Mr. TONKO. Are there other things that the Federal Government could better support in regard to State efforts to procure medical supplies and ensure that, you know, some of these mistakes aren't repeated?

Governor POLIS. Yes. I think that we should have a lot of learning from this and really make sure that we have a way where there is a transparent way of distributing personal protective equipment

to the States, and a collective way where we can know what we're getting, when we're going to get it, and coordinating the purchasing with the advantages of the scale at the Federal level and the advantages of us not bidding against one another to ultimately get a worse deal for taxpayers than we would get if we simply coordinated.

Mr. TONKO. Thank you.

Governor Whitmer, welcome. Your testimony also identifies hurdles your State has faced in obtaining medical supplies, and I'll quote from your testimony: "The lack of centralized coordination at the Federal level created a counterproductive competition between States and the Federal Government to secure limited supplies, driving up prices, and exacerbating existing shortages."

So, Governor, is the lack of a centralized Federal coordination effort still limiting Michigan's ability to reliably secure medical supplies today?

Governor WHITMER. Yes. And I'll just talk about one very simple piece of the test, which is a swab. Swabs are absolutely essential to conduct the test. Right now in Michigan, we have the capacity to do about 25,000 tests a day, but we've never come close to hitting that capacity because we need this item.

The Federal Government has offered—and we're grateful for the commitment—to send us these materials, but oftentimes these shipments don't reflect what we expect or the diversity of types of swabs that we need. I talk about swabs so much, it's—I never thought that I would be focused on something, such a simple implement, and yet each of these different COVID tests can use different types of swabs. And so, when we expect 180,000 swabs, diverse swabs, and we get 180,000 foam swabs, we're grateful for the foam swabs, but it means we can't do those tests that require the other types of swabs.

I've talked to my counterparts, some of whom have literally gotten Q-tips, which are unusable in COVID-19 tests, and they were being counted as swabs. That's not been Michigan's experience, thankfully, and we're grateful for those swabs, but we need that kind of robust diversity in the implements so that we can live up to this opportunity to hit that 25,000 capacity.

And so, until there's a centralized procurement and allocation with real-time information about what's coming so that we can do our planning, it's going to be hard for us to hit those numbers that we all know are necessary to understanding how vast COVID-19 is so we can prevent the spread.

Mr. TONKO. Thank you so much, Governor. Look, it's obvious that States were essentially left to fend for themselves, fighting for limited medical supplies with little Federal help. And I believe the Trump administration must provide leadership to ensure every State is able to secure the medical supplies it desperately needs, which is why I have consistently urged this administration to make robust use of the Defense Production Act. And, as we move forward, the mistakes of these last 3 months simply cannot be repeated.

And, with that, Madam Chair, I yield back.

Ms. DEGETTE. I thank the gentleman. The Chair now recognizes Congressman Sarbanes for 5 minutes.

Mr. SARBANES. Thanks very much, Madam Chair. Can you hear me?

Ms. DEGETTE. Yes. Yes, we can. Thank you.

Mr. SARBANES. Great. Well, I want to thank the Governors on the call today. Thank you for the work that you're doing very much on the front line of this pandemic.

My question is about antibody testing, because obviously, it has a certain allure to it, this notion that people can discover whether they got the infection, have overcome it, and are now in a more robust, potentially immune position.

So it's a very appealing concept, but the Centers for Disease Control, and I think a lot of others in the public health arena, are being very cautious about the wide deployment of it and reliance on it.

But it must be something that's getting discussion on your teams, as Governors, and you must be looking at it and trying to figure out is there an appropriate role. At what point will you feel that the antibody testing that's available has reached a level of reliance that you want to make it part of your strategy, if you've not done that already? As we head into the reopening, there's certainly a role to be played by antibody testing, if that can be done, again, responsibly.

So I just would love to get your take, because I know there's some nervousness, and appropriately so, about it, and I also know, frankly, that it's getting deployed in a very uneven fashion, not just from official sources, but, you know, medical folks out there who have access to some of these tests and are providing them.

So, if you could speak to that. Maybe we'll start with Governor Whitmer and go to Governor Polis and then Governor Hutchinson.

Governor WHITMER. Sure, I appreciate the question. I think it's really important. Serology testing is going to be an incredible long-term asset. Right now, we've got a number of academic partners here in Michigan that are working to develop serology studies so that we can assess the prevalence of COVID-19 in the State.

Given the capabilities and the current limitations of testing at this point, our experts are telling us it's most appropriate toward identifying individuals who had a COVID-19 infection at some point and giving them the test so that we can really study the efficacy of serology. But we believe that this is going to be a critical component of a long-term strategy, and we're hopeful that, as these tests improve in their efficacy, that we can deploy them widely.

Mr. SARBANES. Thank you.

Governor Polis.

Governor POLIS. Yes. And to be clear, the priority now for testing is who is contagious now, who has active viral count now and might be contagious, and how do we isolate them. The serology has significant medium- and long-term benefits, but the biggest ones depend on the emerging scientific body of knowledge around what degree of protection antibodies provide, and how long they provide that protection for.

There does seem to be general scientific consensus that there is additional protection that is conferred by antibodies, but the big unknown—and it makes a major difference in terms of the impact of who's had it and who hasn't—is it 70 percent protection? Is it

99 percent protection? Does it last 3 months? Does it last 6 months? These are the unknown factors that we expect science to answer in the coming weeks and months. But in the meantime, that limits the impact of knowing whether people have had it or not.

The second factor that we've had problems you're probably aware of, is there are a number of low-quality, high-error-rate serological testing that are out there in the marketplace. I think that the marketplace is beginning to sort itself out. The higher-quality validated methods of antibody testing are now being used, but there's still some dicey results out there from unreliable tests.

Mr. SARBANES. Governor Hutchinson, I want to give you a chance to respond as well.

Governor HUTCHINSON. Well, I agree with what the comments of my fellow Governors. We've taken the approach that this is critical probably for the fall. We want—we're already starting to invest in that through our University of Arkansas Medical Sciences to develop an antibody test, but we believe that the scientific body of knowledge will improve. We think the cost will go down.

And so we want to wait for the right time to have the right technology and the best science before we really go full-blown with that. So it's a part of the future, but it's not the short-term future. Right now, we're concentrating on the COVID test.

Mr. SARBANES. Well, I appreciate that, and I think we're all right to be somewhat cautious about this. It does have great promise for our strategy in response to the pandemic. I think the emphasis rightly remains on the diagnostic test and making sure that that's as widely available and supported as possible, with all of the different means and supplies that need to go with that effort. So I appreciate the testimony you've all given with respect to the need for the diagnostics, and we'll continue to obviously emphasize that as well.

And, with that, I yield back.

Ms. DEGETTE. I thank the gentleman.

The Chair now represents Congressman Peters for 5 minutes.

Mr. PETERS. Thank you, Madam Chair. And thanks to all the witnesses, the Governors, for being here.

I wanted to start with Governor Hutchinson. Your testimony highlighted how your State has successfully used Federal funds from the CARES Act to provide \$147 million to Arkansas businesses to invest in equipment and supplies needed to reopen safely.

I want to ask you, because you've been in Congress before, so you've been both a Governor and in Congress. And from the other side of the aisle, I want to sort of ask you—you touched on this—but what do you think are the most effective ways for States to be collaborating with the Federal Government on State response, and what would you like to see more of from the Federal Government that you haven't seen?

Governor HUTCHINSON. Well, thank you for the question. And I do think that, when it comes to rolling out the vaccine that we all hope and pray we get before the end of the year or as soon as possible, that we do have some good national guidelines that will help us, and they're going to have to help guide the distribution of those vaccines. And so that's an important part of it.

I think, you know, in terms of the CARES Act, the flexibility they give to the States is good. I think they do need to give us a little more flexibility to help our cities and counties with the existing funding. That's sort of a gap that we have, and so I hope that that can be addressed.

You know, a question was asked before about how we use our CARES Act funding. We actually do intentionally want to reserve part of that for the fall, because there's going to be emergencies that come up. We don't want to spend it all early. We do want to be able to save some of that for emergent needs that we'll see then.

Mr. PETERS. Thank you, Governor.

I want to ask Governor Whitmer, thank you for your work and for your leadership. And just so you know, I'm originally from Southfield, so I'm a Michigander by, anyway, being raised as a Michigander.

In your testimony, you've mentioned that you've encountered transparency issues when coordinating with the Federal Government on testing supplies, and on transparency, stated that supplies could be allocated more quickly if a more detailed breakdown was provided, and if supplies were shipped at a regular cadence. This is a little bit different than setting up States versus States. This is about knowing what's coming.

Can you elaborate on how the lack of transparency surrounding supplies has affected your State's response efforts, and some specific areas where you'd like to see greater transparency from the Federal Government, Governor Whitmer?

Governor WHITMER. Sure, Congressman, and you're making Southfield proud. I just wanted to highlight—I think—I gave the example of the swab shipment that we were expecting. We are grateful—and I always want to start with that—we are grateful for every ounce of support that we've gotten, and FEMA Region V has been really good to work with.

The issue I think that has made it hard for us to hit our goals is that, when we are expecting shipments, they don't reflect what we are planning for. And so, we find when they get here that it's very different, and so we have to rearrange the plan, which takes time, and undermines our ability to do—you know, to execute our plan.

And so, really, it is about making sure that the shipments are coming fast, that they're accurate in terms of what we're expecting, and that the cadence is, you know, predictable. We wanted to plan. For the month of May, we were promised a number of things, and 90 percent of it has come in. It hasn't come in at the right cadence, and what's come in has been a little different than what we expected. And so each of those makes it challenging for us to execute and to do all of these diagnostic testings that we so desperately need to do. So that's what I'm referring to when I made those comments in my opening remarks.

Mr. PETERS. I think a lot of us are frustrated that the stockpiling and domestic production hasn't been robust enough to deal with something like this, even though we heard years ago that we should expect this. But it seems very simple to be very clear about what's coming and what's not coming. That's a frustration for a lot of folks, that information doesn't cost anything. Organization



doesn't cost anything. We should be doing a better job at the Federal level, and we certainly would ask that from the administration.

And, Governor Polis, I'm running out of time, but I just want to say thanks for your leadership. I've noticed how you've struggled with the pressures of reopening, but you've stuck to science and allowed your State to be flexible, based on conditions across the State. We're seeing some of that in California as well. And we can talk more at length about the Federal Government's support of you in the future, but I wish you all a lot of luck, and thank you for being here today.

I yield back.

Ms. DEGETTE. I thank the gentleman.

Governor Hutchinson, we know that you have to leave us, and we really appreciate your presence today and your wise words. Do you have any final words for us, what we can do to help your State, as a Congress, going forward?

Governor HUTCHINSON. First of all, thank you for your courtesies today. Thank you for the bipartisan way in which you're looking at this important national issue.

In terms of the future, I would just urge everyone to look at the future, and what we can do to get it right. There's going to be a time that we're going to have to rehash all of this and learn from it, but, you know, it's about being able to get ready for the fall and working together for it. So thank you very much for the opportunity today.

Ms. DEGETTE. Thank you, Governor. We look forward to continuing to work with you, too.

We are now pleased to be joined by several members of the full committee who are not members of the Oversight and Investigations Subcommittee, and I'm happy to go to them. First, we are going to recognize Congressman Bilirakis, who has been waiting very patiently, for 5 minutes. Congressman.

Mr. BILIRAKIS. Thank you. Thank you very much, Madam Chair. I appreciate it, and I thank the ranking member and the Governors. It's really incredible that they've taken all this time since 11 o'clock to be here.

I have a question, and then I have some prepared questions for the two Governors. With regard to the unemployment benefits, across the State we have a set amount, every State has a different set amount, and then we get the additional \$600 from the Federal Government under the CARES program, as you know.

But if—I know we're having some trouble with our small businesses actually getting the employees, the former employees back who are on unemployment, and I know that there's—the State actually controls this. There's a mechanism of law on the books, so that the employer would request that the employee come back to work. And if they don't come back to work, I understand that they're not eligible for the employment benefits.

Is that—and we can start with Governor Whitmer. Is that being enforced in your particular State of Michigan?

Governor WHITMER. So, yes. So one of the things that we have done is to ensure that we've made use of all of the CARES Act dol-

lars, the extra \$600. We've been able to meet the needs of over 1.6 million workers in Michigan. Our historic unemployment is real.

But I think one of the great things that we have available to us is the Work Share program, and it's one of the best programs that has been embraced in Michigan. We've been working with small business, so that they can avail themselves of this. It's an opportunity to provide unemployment benefits to help make up for lost wages in the event that workers aren't back at full capacity, and so to meet that gap in pay. And it's been something that's really been a win-win for workers and for business, and for the State, because we get fewer people on full unemployment.

And so, right now, we've got over 700 businesses taking advantage of this, 50,000 employees who are benefiting. The businesses can retain their skilled workforce and kind of at a lesser level, but pay them as well as they were before. And, so, this is something that's really been a good tool. I know that there are more than 20 States that haven't done something like this, and that's a way that we can help get people back into the workforce as businesses are coming back online.

Mr. BILIRAKIS. Governor Polis?

Governor POLIS. Yes, I would just add that, for people that are at risk, if they are 65 and up and in the workforce, or if they have a preexisting condition, they should not necessarily yet return in many places to a job where they have interactions with the general public.

And so, we want to make provisions where they are able to, if UI is appropriate, or if they can be reassigned to a position that doesn't interface with the public or they can telecommute. For those who have added risk, it's important that we make every possible accommodation.

Mr. BILIRAKIS. OK. And I really appreciate the bill that was passed in the House in a bipartisan fashion to give the businesses the flexibility from 8 weeks to 24 weeks. But I think this is a problem, and, you know, we want to make sure that we protect the future employees as well, because, you know, the current law says that after July 31st the unemployment runs out.

So I just want to make sure that our States are enforcing the laws on the books to make sure if they're able employees, and they can work, that they have to get back to work instead of, you know, collecting the unemployment benefits.

I have another question here for the Governors. The Paycheck Protection Program and Healthcare Enhancement Act included \$11 billion for States and local governments for purposes related to the COVID-19 testing, including support for use by employers or in other settings.

Are you planning to use any of the funds that your State receives, under this provision, to help employers with expenses related to the COVID-19 testing? So we'll start off with Governor Polis, since I can see you here.

Governor POLIS. Well, so, a lot of that is going to the critical COVID response, as was the intent of Congress. A lot of those costs are being borne by county health departments, by municipalities. Congress directly allocated money to the very largest of the municipalities, I think we only have one in our State and a few counties

that are very large, and yet many of the smaller counties also had those expenses. Additional eligible expenses were also incurred by our schools, by our community colleges, and we're prioritizing those that have been in kind of the front line of the expenses with regard to the COVID-19 response.

Mr. BILIRAKIS. Governor Whitmer, please?

Governor WHITMER. I think that I would echo what Governor Polis just said. Thank you.

Ms. DEGETTE. Thank you. The gentleman's time has expired. The Chair now recognizes Congresswoman Dingell for 5 minutes. Unmute, Deb.

Mrs. DINGELL. I want to thank all of you for being here today. And I know the hour is getting late, and you've got better things to do, but it's really important because this is the first time the House has really heard from the Governors. So I want to ask you a broader question, because we all need to know this.

I know from my Governor—I love you, Jared, but I talk to my Governor a lot, because that's what I'm there to do—are in desperate need for more relief. I know she's working with our—I want to hear from both of you, but she's working with our State legislature on critical budget needs now.

Can you talk about the urgent need for more funding for the States, the counties, and the cities to make up for lost revenue? And what would happen if Congress doesn't provide you with more direct relief to the States, to the counties, and the cities? And I guess, Jared, forgive me, I'm going to go to my Governor first. But you're handsome. He is.

Governor WHITMER. We can agree on that. That is unanimous. OK.

So I do appreciate the question. I think that it's really important. You know, COVID-19 has wreaked havoc on our State budgets, and we have about a \$6.2 billion total loss in the current fiscal year and next. It's a crisis unlike anything we've seen before, and it is all associated with the public health crisis.

Every Governor, regardless of affiliation, we're working with the NGA to make sure that you in Congress understand the plight that we are all confronting. The numbers show that we need flexibility. We need additional support from the Feds if we're going to continue saving lives and reengage our economy and provide critical services to the people of our States.

We can't do this alone. We need Federal Government partnership here. And I think the bottom line is, we really need additional flexibility and additional resources. We, none of us would want the people that stayed on the front line and put themselves in harm's way to take care of everyone else to bear the brunt of these budget shortfalls. And when the biggest parts of our budgets are consumed by public health, public safety, and public education, those are those front-line heroes that we want to support, not undermine. And, obviously, the health of our economies depends on us being able to balance these budgets so we can continue to make the right decisions for the right reasons in our States all across the country.

Mrs. DINGELL. Thank you, Governor.

Governor Polis.

Governor POLIS. Yes. We were certainly grateful for the help in the CARES Act. I honestly don't know where we would be to address these enormous response costs that our local agencies have had without the CARES Act money.

We also would be extremely appreciative of the help that's in the HEROES Act, in some form, reaching the President's desk, because I can tell you it's very challenging for States. Unlike the Federal Government, we have a balanced budget requirement. States are not able to borrow. We would have enormous cutbacks at a time when many Colorado families could afford it the least, in necessary social services, our social safety net. Medicaid expansion would be in jeopardy if not for FMAP and increased assistance. So it's really a critical time for the Federal Government to step up, protect the most vulnerable, and protect our future by supporting our schools.

Mrs. DINGELL. So thank you for that answer. I have one—and we don't have that much time, but I'm very worried about a return, seeing spikes again. I'm out and people aren't wearing masks. They're not keeping physical distance. They're not listening to what you all are saying and the doctors are saying. I'm very worried about the lack of PPE equipment. We've got a several weeks supply right now, but if we have another spike, I'm worried what will happen in the country again, and I could go through another list.

What do you both think Congress needs to be doing right now to help prepare for the fall? I'll go to you first, Governor Polis, since I did it the other way last time.

Governor POLIS. Yes, I'll start. You know, and we're not even through the first wave. There's areas of the country, and certainly in Colorado, areas of our State that have an increase, have outbreaks that, for a couple of weeks, have been going on. Most of our State has been going down, but there, you know, are several areas across our State that have been going up, and across the country.

So the first wave isn't over. It's still—while the overall trends are getting better, it's still on the uptick in a number of places. Mask wearing is absolutely critical, and modeling mask wearing at all levels of civil society, including people that have a soapbox like yourselves as you serve in Congress. I certainly model mask-wearing also, because, by the way, I want to protect myself and my family, but I also want to model it for the general public.

And, of course, building social distancing into how we do work. I applaud the United States Congress for doing that and not putting yourselves and your staffs at risk by having to do things the old-fashioned way, the normal way, and bring everybody together in a room. We're able to have this conversation in just as effective a way while being safe. Our State legislature has taken similar efforts as well.

Governor WHITMER. I'll just say ditto. I know we're out of time, but I think Jared—Governor Polis articulated very well what it is, that we need to not let our guard down. We have to learn to live with COVID-19 and change our culture around how we personally conduct ourselves. And it starts with mask wearing and it continues with social distancing. And the consistent, medically accurate information needs to come from everyone with a platform.

Mrs. DINGELL. Thank you.

Ms. DEGETTE. Thank you, Congresswoman Dingell.

Congressman Walberg, 5 minutes more.

Mr. WALBERG. Well, thank you. And it's good to be the Michigan token on this side of the aisle, and it's good to be here with our Governor, with Debbie Dingell and myself as well. I wish we could all fly back on the same plane I'm flying back on. And I say that also, I have my mask here. But I think—I truly think we could be here in Congress working in Washington on a lot of issues. So this will be second best, and we're using it as best possible, so I'm glad that I had time yielded.

Just point out as with some other statements that were made prior to this round of questioning from me, I notice here the facts that there are 32 States withholding funds from city and local governments. And, Governor Whitmer, I see that Michigan is one of those States. And I know that you've mentioned the \$6.2 billion shortfall that's coming.

I would hope that you wouldn't expect that other States who have opened up their economies, including those just south of us, let alone States like Georgia and Florida—and I could go through the list, including Asa Hutchinson's, who never shut it down—should be expected to help pick up our shortfall. I would hope that that wouldn't be the case.

But in the meantime, with the funds that have been given to the States from the Federal Government in the CARES Act, et cetera, I would hope that those funds would be used for the purposes intended, and the flexibility that you do have. And it's not ultimate. I don't think it should be an ultimate flexibility with Federal dollars coming, but I wonder why Michigan is one of those States—and I'll give you a chance to answer that—that is withholding funds from our local communities.

Governor WHITMER. Thank you, Congressman. And you know what, we've spent quite a bit of time on this call together. We should you do that in person when you come home to Michigan.

Mr. WALBERG. I wish we could fly back together.

Governor WHITMER. OK, wow. I'm always here. I don't leave Michigan very often.

You know, one of the things that, if you wanted to be helpful and lobby our Republican legislature and work with me, I'm sure we can move a lot of those dollars quicker. That's one of the things that is happening. I had a conversation with our quadrant this morning, and we are determined to make sure that we utilize the dollars that Congress has sent to Michigan in a smart way that really gets to people and improves, you know, our plate here in Michigan.

With regard to, you know, our unique reaction to COVID-19, our unique experience with COVID-19, as you recall, just a couple of months ago, our numbers were exponentially increasing, like New York's were, and Louisiana. We were on a trajectory that put Michigan with the third-highest number of cases and deaths in the Nation. It is something, as Americans, everyone who's confronted COVID-19 should be able to expect our government to step up and to help us. It shouldn't be disproportionate, based on which State you're in, which party your Governor is in. Every one of us should have that expectation. And I know that our congressional delegation is working incredibly hard to ensure that everyone in our

State gets the kind of support that we need, and for that I am really grateful.

Mr. WALBERG. Respectfully, Governor, our Federal Government did step up and help Michigan as well with significant dollars. And I could go through the listing of all that came your way as an administration, to the legislature, and to the citizens as well, but they have to be spent well.

And I think, as you've talked very clearly—and, again, this is our first effort through this type of pandemic. I get that, and I want to be respectful of that. But other States have done it in such a way they didn't have that type of spike. Other States did not put COVID patients back in nursing homes until just recently. And I appreciate the fact that just yesterday, you opened our State up more, including the lower part of Michigan's peninsulas.

But we have settings here where it's been a great amount of disparity. While we have big box, grocery, convenience, lottery, marijuana, adult novelty stores open, appointment now for auto dealers, retail, restaurants and bars, yet barbers, hair salons, movie theaters, gyms, exercise, unless it's done outside, are still not open. And that's the economy. That grows our economy. We can't deal with that \$6.2 billion shortfall if we don't grow our own economy in Michigan.

So, Governor, I want to be a help, certainly, but I think we have to do what the data says from other States as well. They're doing it more effectively. I see my time has ended, so I guess I'll have to yield back.

Governor WHITMER. Chair DeGette, am I permitted to respond to that?

Ms. DEGETTE. I'll allow a brief answer.

Mr. WALBERG. I certainly would allow.

Governor WHITMER. I would just say that, Congressman, you know that Michigan has had a uniquely hard time with COVID-19, and we have needed help from the Federal Government. And when we were living on literally one shift's worth of masks, we were in desperate times, and that's why we had to take aggressive actions.

Mr. WALBERG. Other States were on just one shift's as well.

Governor WHITMER. They have worked and we have pushed our curve down, we have saved thousands of lives, and now we are in phase 4 of a six-phase reengagement. We have made incredible progress, and it's because people of our State have taken this seriously and done their part.

Ms. DEGETTE. Thank you, Governor.

The Chair now recognizes Representative Gianforte for 5 minutes. Representative.

Mr. GIANFORTE. Thank you, Chairwoman DeGette and Ranking Member Guthrie, for allowing me to waive on. And thank you to the Governors. This discussion has been very instructive and helpful as we look at this. I think one of the important lessons we've learned in responding to COVID-19 is that one size doesn't fit all in policy, and it's just not the way to go.

New York City faces different challenges than Little Rock, Arkansas, or Denver or Detroit, and are very different than Deer Lodge, Montana. Even inside my own State of Montana, cities like

Bozeman and Billings saw multiple infected people, and yet many counties have seen no cases at all. So flexibility is very important.

I think another lesson learned is that we now know more about this virus and are learning more every day. We should use that acquired knowledge to adapt our public policy responses now, and if there is a resurgence. The virus seems to be most deadly to the elderly and those with existing health conditions.

Also, it seems especially deadly in group care facilities and nursing homes. In many areas, early lockdowns due to the flu season, and strict processes for COVID, kept these facilities mostly safe. Other States have made different choices and had different outcomes. In the future, we'll need to concentrate our efforts on ensuring we protect the most vulnerable from COVID-19, like the elderly and those with underlying health conditions.

I recently had a Zoom meeting with a senior living center in Ekalaka, Montana. They hadn't been able to see visitors for months, but fortunately, the worst thing going on in Ekalaka was some cheating at the pinochle table.

This has been a very difficult time. However, I'm confident that, with our expanding knowledge about the virus and increased preparedness, we can both safely restart our economy and protect the most vulnerable among us.

This has been a great discussion today. I've had my questions about testing already answered, so I will yield the remainder of my time to Representative Walberg.

Mr. WALBERG. Thank you, Greg, for doing that.

I think I've asked enough questions right now. I appreciate the opportunity, and the Governor and I will have an opportunity to talk back in Michigan. I yield back.

Ms. DEGETTE. The gentleman yields back.

The Chair recognizes Representative Carter for 5 minutes. Representative Carter, you're our closer, so make it a good one.

Mr. CARTER. Can you hear me OK?

Ms. DEGETTE. Yes.

Mr. CARTER. Well, thank you very much, Madam Chair, for allowing me to waive in on this. And thank you both of you, Governor Whitmer and Governor Polis, for your participation here.

You know, as we roll out our economy, I think one of the—two of the most important things that we are going to have to have: First of all, we've going to have to combine technology that is robust testing along with personal responsibility. And that is following the guidelines that have been set forth by the Coronavirus Task Force: washing your hands, practicing social distancing, et cetera.

One of the things I want to remind you of is that pharmacists are the most accessible healthcare professionals in America. Ninety percent of all Americans live within 5 miles of a pharmacy. Many members of the Coronavirus Task Force have identified pharmacists as being critical in making sure that we get mass testing, and that's going to be very important. Admiral Giroir and Secretary Azar, CMS Administrator Verma have all identified pharmacists as being key components of this.

And I just wanted to ask you if you have experienced that in your State, Governor Whitmer. I've been to Michigan, and I know

you have a very strong pharmacy association there. I've been very impressed with them and wanted to know if you've experienced any of this, if you've utilized this, and what your thoughts are?

Governor WHITMER. Thank you. I appreciate the spirit of the question, and I agree with it. I think that one of the things that we've been able to do as we try to ramp up testing is to expand who can, you know, write a prescription for a test, or an order for a test. And we've included pharmacists, acknowledging that they are accessible and that people are very comfortable with their pharmacists.

This is one important piece, I think, of utilizing all of the different strengths of a healthcare system that has been incredibly stressed, but recognizing where there are opportunities. And we work very closely with our pharmacists. I think that this is one place where this crisis has created a relationship that—and an ability to confront the issue, and maybe there is more that we can do in that space.

Mr. CARTER. Governor Polis?

Governor POLIS. Yes. We're—look, pharmacies can be convenient, low-cost. They're accessible. We're totally supportive of it. We are currently in partnerships, Kroger's, Safeway, and Walgreen's in Colorado are doing testing. We hope more. Anybody who wants to do that, we think that's a very convenient, low-cost access point for people, so it's a great way to increase that collaboration with low-cost pharmacists.

Mr. CARTER. Have you experienced any Federal barriers in the way of reimbursement or anything that you're aware of as far as it's related to pharmacists?

Governor POLIS. I'll ask our healthcare finance people, Congressman, and if we have some we'll get that to you.

Governor WHITMER. Not to our knowledge in Michigan. We've got great partnerships, just like in Colorado, with our producing and conducting tests at pharmacies across Michigan, and so it's been working really well.

Mr. CARTER. What about the drive-through testing? Have you had any of that in Michigan as well?

Governor WHITMER. Yes, we're doing a lot of drive-through testing. In fact, I went and did a drive-through COVID test as well as a serologic test. I maybe should have practiced before I did it because I made a funny face after that swab came out. But I think that it was so easy, so fast, and I'm really encouraging more people to do this.

And I think that it's going to be really important that we demystify getting COVID tests, and that we encourage people to do this. The more people that get tested, the more information we'll have as to how rampant COVID is and how we keep it from spreading.

And I also think that early on, there were so few tests that we had to be very prescriptive in the few people that would get them, and now it's easier and we need to all encourage people to get this testing done.

Mr. CARTER. Governor Polis, have you had the drive-through testing sites in Colorado as well?



Governor POLIS. Yes. We were one of the first in the country to have drive-through testing 2 months ago. It's now a big part of what we're doing. In fact, at our largest single testing site at the Pepsi Center in Denver, which can see up to 1,000 people a day, it's actually a self-administered swab. So we no longer need the skilled professionals with the deep nasopharyngeal swab.

There's two ways that we've validated it. One is a saliva test. The other is they just roll it around like a Q-tip-type item right at the base of the nose, self-administered, validated by our State lab, very easy, very scaleable.

Mr. CARTER. Well, I'm sure we won't agree on everything, but I do think we all agree that we all owe a great deal of debt to our healthcare professionals, who truly have risked their own health in order to provide healthcare services for others, for our citizens, and certainly, I want to include the pharmacists in that as well.

So thank you, Madam Chair, and I yield back.

Ms. DEGETTE. Thank you so much. And thanks to all the Members and the staff, and mostly thanks to our wonderful Governors for being our guinea pigs today.

I'll give both of our Governors the opportunity to just say a few words as I did Governor Hutchinson. Governor Whitmer, would you like to say a few words?

Governor WHITMER. Sure, thank you. I appreciate it, and I've appreciated all of your time today. As a member of the Executive Committee for the National Governors Association, I think it is incredibly important that—the communications from our organization to the Members of Congress, I hope that you have availed yourself of them. I know that the House has taken an important step in terms of helping States meet the needs of our citizens.

We've got to remember that the enemy here is the virus, and it is crucial that we work very closely together to ensure that we meet the needs of our people so that we can reengage our economy in a way that avoids a second wave. And that's what we're all doing.

And I'll tell you this, too: I am incredibly grateful for the members of our delegation, as well as my colleagues with whom I have been working very closely to provide the kind of thoughtful leadership that we need in these tough times. So thank you all for your time today.

Ms. DEGETTE. Thanks, Governor.

And my homie, Governor Polis, thanks for being with us today, and do you have a few words of wisdom to give us?

Governor POLIS. Well, first, thank you, Madam Chair, for convening this really important panel, because I think while the learning is important for the future and future crises, it's also important for this one, because COVID-19 is still with us. The crisis is still here. It will be with us not only until there is a vaccine but until that vaccine has been successfully distributed—and there's been some questions about that—to enough Americans to be able to achieve control of the virus.

So the learning is now. The learning on coordination for personal protective equipment, the learning around better cohesion around a national testing strategy. We need to make these improvements in real time as we're going, of course, to prevent any future health

crisis, but also to successfully manage this one, and to minimize the economic damage and minimize loss of life.

Ms. DEGETTE. Great. Thank you. And I would be remiss if I didn't thank the ranking member, Congressman Guthrie. It was really his idea to have a hearing on testing, and I thought it went quite well.

Brett, would you like to say a few words or—

Mr. GUTHRIE. I just want to say thanks and how valuable the three of you who have been here today, knowing what all is going on in your States and your cities that you're responsible for. It's so important that we hear from you, because it's hard to do everything from Washington. Our country is so different.

We've had Arkansas, Colorado, Michigan. And I know Michigan pretty well, my family's automotive supply—even in Michigan, you have the greatest industrial region in the world, in my opinion. I think you probably agree, Governor Whitmer, and I know the Congresspeople do. But you also—I was in Glen Arbor with the Moolenaars last August, and other than being 10 to 15 degrees difference, you would think you're in west Kentucky. It is just an absolutely beautiful place, but so diverse and so different. And so, it's hard to do a one-size-fits-all, and so hearing what you guys are doing in your States is important for us.

So thank you, Chair, for putting this together. Governors, thank you for being here, and appreciate the time.

Ms. DEGETTE. Thank you so much, Congressman.

And, just to let the committee members know, we have a robust oversight plan going. We are collecting documents. We're talking to witnesses. And we can expect to be having some hearings on the stockpile and on vaccines and other issues coming up in the following weeks, because this hearing, thanks to you, was such a swimming success. So thanks to everybody.

I'd now like to ask unanimous consent to insert into the record the letter that Governor Polis referred to dated April 9, 2020, from himself and Chair Federico Peña to the Colorado congressional delegation. Without objection, so ordered.

[The information appears at the conclusion of the hearing.]

Ms. DEGETTE. I want to remind Members that, pursuant to committee rules, they have 10 business days to submit additional questions for the record to be answered by witnesses who have appeared before the subcommittee. I ask that witnesses agree to respond promptly to any questions should you receive them. And, with that, the subcommittee is adjourned. Thanks, everyone.

[Whereupon, at 2:28 p.m., the subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]

JARED POLIS  
GOVERNOR



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DENVER, COLORADO 80203  
TEL 303-866-2471  
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April 9, 2020

The Honorable Michael Bennet  
United States Senator

The Honorable Cory Gardner  
United States Senator

The Honorable Diana DeGette  
Member of Congress

The Honorable Joe Neguse  
Member of Congress

The Honorable Scott Tipton  
Member of Congress

The Honorable Ken Buck  
Member of Congress

The Honorable Doug Lamborn  
Member of Congress

The Honorable Jason Crow  
Member of Congress

The Honorable Ed Perlmutter  
Member of Congress

Dear Colorado Congressional Delegation:

Thank you for your work to provide necessary relief for Colorado families and emergency support for those temporarily out of work due to closures required by the coronavirus disease 2019 (COVID-19) pandemic. We appreciate your responsiveness to Colorado's interests in future Congressional stimulus packages. Below are the short-term federal recommendations provided by the bipartisan Governor's Council for Economic Stabilization and Growth. In addition to more funding for the Small Business Administration's Paycheck Protection Program, we hope you will consider these recommendations as you work to provide relief for Coloradans.

- Extension and Refundability of the Production Tax Credit (PTC) and Investment Tax Credit (ITC):** Colorado is at the epicenter for renewable energy development. In addition to the thriving small-scale solar industry, our utilities have adopted plans for about 3000 megawatts of wind and solar over the next five years. Many of these projects were timed to make project finances work by using the PTC and ITC, but delays from both the immediate crisis and longer-term economic fallout threaten the ability to meet the deadlines for phase down of the credit, and the economic conditions have locked up the market for tax credit financing. In order to address this, the tax credits should be made fully refundable and extended for five years.
- Evaluate Permit Processing Expediency and Relief Where Appropriate:** We encourage you to evaluate opportunities to expedite permit approvals or provide permit relief in instances that would support the immediate COVID-19 response efforts. These case-by-case evaluations for expediting approvals or providing relief should evaluate a

number of additional criteria, including but not limited to maintaining protections for public health, safety, and the environment.

- **Support Transportation Relief in Federal Stimulus Package:** Utilizing existing formula programs, we encourage you to ensure a fair share for Colorado through programs that provide flexibility for states with minimal federal red tape. In addition, shore up important credit and Transportation Infrastructure Finance and Innovation Act (TIFIA) programs, and investment in job training to bring new workers into high-paying construction jobs. Projects that are in operation have had significant reductions in cash flow in the short term. Allowing them to modify loan terms to reduce or defer interest could be beneficial to overcome short-term stress.
- **Support Federal Relief for 501(c)(6) Organizations in Federal Stimulus Package:** This relief would provide vital support for chambers and destination marketing organizations that play a critical role in attracting travelers to destinations across the state.
- **Support Efforts to Ensure All Coloradans get Economic Relief.** Some Colorado taxpayers, because of the failure of the federal government to provide a legal pathway to citizenship, were left out of federal relief packages, including access to stimulus payments and stabilizing pandemic unemployment income. We encourage you to ensure these Coloradans find relief during this difficult time, as it will be beneficial for the public's health and our community as a whole.
- **Secure Colorado's Share of \$2 billion in Discretionary Community Development Block Grant (CDBG) Funding Designated by the CARES Act.** These funds are aimed at giving U.S. Housing & Urban Development (HUD) flexibility to help hard-hit states and localities to offset impacts of COVID-19 to support unmet needs that we identify that won't be supported by other federal funding streams -- for example, to support marketing grants for communities across the state to engage in tourism promotion as a disaster-relief strategy. The Colorado Office of Economic Development and International Trade (OEDIT) secured similar support in the past to help Colorado recover from the 2013 floods.
- **Support Temporary Federal Relief for Ski Areas Located on Public Lands by Procuring a Waiver of Rental Charges Due to the U.S. Treasury From those Ski Areas:** With ski areas closing to aid in minimizing the spread of COVID-19, these areas face a significant decrease in revenue and the economic burden placed on them by this crisis could be aided with the temporary suspension of rental charges paid to the federal government for U.S. Forest Service leases.
- **Support Passage of the Great American Outdoors Act:** Passage would finalize bipartisan and bicameral legislation that provides critical funding resources needed to reduce the maintenance backlog on our public lands and provide dedicated funding to the Land and Water Conservation Fund (LWCF). This will have a long-term economic impact

and will increase the visitor experience tremendously once the worst of the pandemic is over.

- **Provide Financial Relief to States and Municipalities to Build Trails:** Support for outdoor infrastructure is greatly needed, particularly in underserved communities, so that all Americans have access to close-to-home recreation opportunities. This type of program is badly needed to help address the current inequities in who lives near and reaps the benefits of outdoor recreation, trail, and natural areas.
- **Consider Deployment of Civilian Conservation Corps:** A modern Civilian Conservation Corps would offer a win-win combination of jobs for Americans and restoration and stewardship of our public lands, as well provide crucial mental and physical health opportunities nationwide. The “stipended volunteer” reimbursement model used by AmeriCorps can inexpensively scale to large employment needs offering a fully-loaded program cost of \$16.50 dollars per hour of service delivered or \$4,125,000 dollars per season for 500 corps members providing 500 hours per season each. This program could immediately be grown to meet the needs of recently unemployed workers from various affected industries. It would offer not only immediate employment – but also a fulfilling opportunity for Americans to help their community in a time of crisis. Work opportunities could be expanded beyond natural resources to include career path training in healthcare, construction, disaster response, and climate resiliency services. Utilizing current state youth and conservation corps models a program could be rapidly deployed via existing cooperative agreements with federal agencies and state and local agencies.
- **Help Producers Navigate Loan and Financial Assistance Programs:** Producers need clear and concise guidance to determine what assistance may be available to them through the U.S. Department of Agriculture (USDA), Small Business Administration (SBA), and the recently passed stimulus bill and how to apply to such programs.
- **Improve Access to Food for Colorado’s Vulnerable Population:** Urge USDA to expand programs enabling SNAP recipients to utilize benefits online so that vulnerable populations can order food from the safety of their homes.
- **Improve Producer Access to Farm Workers:** We encourage the U.S. Departments of Labor, Homeland Security, and other agencies to fast-track approvals and processes for H-2A workers to gain entry to the U.S. for purposes of farm work.
- **Establishing a Block Grant Program for States, Territories and Indian Tribes:** We understand direct payments to agricultural producers will likely comprise a significant portion of the funds disbursed by the USDA under the CARES Act. We are concerned these funds might not reach smaller and specificity producers which make up an important section of Colorado’s agriculture industry. As you determine the mechanisms and eligibility criteria for future relief funds, we urge you to keep in mind that this crisis

has touched every commodity group and sector of the farm economy. We strongly recommend that you earmark a portion of the relief funds to state departments of agriculture in the form of a community block grant program to be administered by departments of agriculture in the states, territories and Indian tribes. This will allow states to tailor solutions to meet the needs of their local community and ensure funds provided are not only used to provide immediate relief to local producers, but also to invest in agricultural market opportunities and local food systems across the food and agriculture supply chain.

Sincerely,



Jared Polis  
Governor



Federico Peña  
Former U.S. Secretary of Transportation & Energy  
Chair, Council of Economic Stabilization & Growth

Committee on Energy and Commerce  
Subcommittee on Oversight and Investigations

Hearing on  
“On the Front Line: How Governors are Battling the COVID-19 Pandemic”

June 2, 2020

The Honorable Jared Polis, Governor, State of Colorado

Questions from the Honorable Gus Bilirakis (R-FL)  
Responses from The Honorable Jared Polis, Governor, State of Colorado

1. The Paycheck Protection Program and Healthcare Enhancement Act included \$11 billion for states and local governments for purposes related to COVID-19 testing, including support for use by employers or in other settings.

- a. What role are employers playing in your state in your COVID-19 testing strategy as businesses begin to re-open in your state?

Employers and businesses are conducting regular symptom screening as part of our Safer at Home reopening phase. Health screening guidelines can be found [here](#), and are included in every sector's guidance as well as the general guidance for all industries. By screening employees for symptoms, employers can reduce symptomatic exposure for others in the workplace and can direct symptomatic individuals to testing services.

- b. What, if any, challenges have employers shared with you that limit their ability to increase COVID-19 testing as employees return to the office?

Employers are not necessarily responsible for testing their employees, although some are choosing to do so. Most have not encountered major challenges to conducting health screenings. The rare challenges that occur have tended to center around noncompliance with screening requests, and requests for supplies and materials used in the screenings. Colorado has a high proportion of professional service workers able to work from home. We are encouraging ongoing telecommuting where feasible for individual employers.

2. Committee Republicans released a paper on COVID-19 testing and surveillance, highlighting among other things, the importance of surveillance in a pandemic.

- a. What surveillance efforts are underway in your state for COVID-19?

As of July 14, Colorado has 50 community-based test sites supported by the state's Department of Public Health and Environment. The state is providing 2,000 test kits per day to the Pepsi Center testing site in Denver and is working on a broad distribution of testing capacity to primary care physicians and hospitals. July 9 marked the highest testing day for Colorado with over 11,300 tests administered. There are currently 4 overflow testing contracts in place which, when combined, would allow the state to triple its testing capacity. As for contact tracing, of those cases with contact information 72% have been contacted within 24 hours, the mean time from

reporting of a case to interview is 1.6 days, and more than 200 ServiceCorp members have been onboarded to help with contact tracing.

**b. Are these surveillance systems new, or are they pre-existing systems that are being leveraged for COVID-19?**

Currently, the vast majority of our systems are pre-existing systems being leveraged for COVID-19. However additional systems have been created, such creation of a data portal that allow local public health partners to have access to all the data captured in the Colorado Electronic Disease Reporting System (CEDRS) and other CDPHE systems, such as Electronic Lab Reporting, or ELR.

**i. If they are pre-existing systems, what other illnesses do they track?**

CEDRS is the statewide system for all reportable conditions in Colorado (<https://drive.google.com/file/d/16H86FrKGioK3nDaYBpfqBR9YrcFNs9Gq/view>). CEDRS exists both to capture diseases reported by healthcare and laboratory partners through ELR, faxes, and other mechanisms. More detailed reporting guidance can be found here <https://www.colorado.gov/pacific/cdphe/report-a-disease>. CEDRS, however, was never designed to be a contact tracing system. Therefore CDPHE is currently exploring options for a statewide contact tracing system that can be integrated with CEDRS and our REDCap Outbreak Database.

ELR exists to allow for a streamlined, expedient way for laboratories to report. Unfortunately, not all cases of disease are reported through ELR and we still rely on manual entry into CEDRS.

EMResource exists to capture information about hospital, ventilator and PPE capacity. That data is currently reported to HHS Protect.

**c. How do these systems report up to HHS/CDC?**

Data reporting systems to CDC and HHS, unfortunately, are not always streamlined. CEDRS reports data to CDC through a system called the National Notifiable Disease Surveillance System (NNSS). We also report daily COVID-19 numbers through a survey link, which contains the numbers posted daily on CDC's website. Additionally, there is an electronic mechanism for ELR data to be sent to a national system at CDC called CELR.

**d. How often does your state's system(s) report to the CDC? Real time, daily, weekly?**

Both daily and weekly reporting continues, depending on the reporting mechanism listed above.

**3. According to the CDC, the U.S. COVID-19 surveillance goals are to: (1) monitor the spread and intensity of COVID-19 disease in the U.S.; (2) understand disease severity and the spectrum of illness; (3) understand risk factors for severe disease and transmission; (4) monitor for changes in the virus that causes COVID-19; (5) estimate disease burden; and (6) produce data for forecasting COVID-19 spread and impact.**

**a. Do you feel that the surveillance systems in your state are sufficient to meet all of these goals?**



Yes, the surveillance systems are sufficient to meet all of these goals. The way data is captured in both CEDRS and ELR allows us to view case trends and model predictions aggregated by county, age, race and other demographic information. Grouping data by these categories allows us to better understand how, when, where and why the disease is spreading throughout a community.

**i. If not, what improvements do you think need to be made?**

Not applicable

**4. One of the keys to Florida's success was its early deferment to local officials who were able to use local data to inform a community-tailored approach instead of a "one-size fits the state" solution.**

**a. How important is local input and engagement in a responsible phased reopening?**

In Colorado, we have set up systems for counties and regions to apply for variances from the statewide orders to meet their specific needs and risks, as well as to apply for Protect Our Neighbor (later opening phase) status if their community meets baseline preparation and conditional criteria.

Additionally, we have partnered with local leaders for communication and input in several ongoing series of meetings, for example a weekly "Governor's Cooperation and Implementation Group" in which local leaders provide perspectives that help shape decision making in COVID response. We conduct weekly or biweekly meetings with stakeholder groups including local governments, hospitals, faith community, chambers of commerce, elected officials, business groups and many additional stakeholders. We highly value the knowledge and support of our local stakeholders and representatives.

**b. How do current data models you're consulting account for policy nuances like a regional patchwork of stay-at-home orders in your state or input from hospitals and doctors?**

Colorado's COVID-19 data models rely heavily on current hospitalization data (reported by hospitals to the state), levels of social distancing, mask wearing, and contact tracing/case investigation capabilities. The current model does not reflect the variances the state has granted to various counties throughout Colorado (click [here](#) to learn more about Colorado's variance process). Nonetheless, the data modeling team, led by a group of experts from the Colorado School of Public Health, is working to include the impact of these county-by-county variances in the model.

**Committee on Energy and Commerce  
Subcommittee on Oversight and Investigations**

**Hearing on  
“On the Front Line: How Governors are Battling the COVID-19 Pandemic”**

**June 2, 2020**

**The Honorable Gretchen Whitmer, Governor, State of Michigan**

**The Honorable Gus Bilirakis (R-FL)**

1. The Paycheck Protection Program and Healthcare Enhancement Act included \$11 billion for states and local governments for purposes related to COVID-19 testing, including support for use by employers or in other settings

- a. What role are employers playing in your state in your COVID-19 testing strategy as businesses begin to re-open in your state?

**Employers have been key partners in Michigan’s COVID-19 response thus far and will remain essential to efforts to contain the disease on an ongoing basis. Michigan has worked with employers to promote preventative measures to decrease and detect COVID-19 spread, including through routine testing and ensuring that employers and employees are aware of free testing opportunities nearby. Michigan has distributed recommended testing guidelines for certain employees or employment types at higher risk of contracting COVID-19, as well as information on available testing options across the state.**

- b. What, if any, challenges have employers shared with you that limit their ability to increase COVID-19 testing as employees return to the office?

**Many employers have concerns around the cost of testing, particularly as federal guidance has indicated that commercial insurers do not need to cover testing of asymptomatic individuals. This means that employers seeking to offer testing to screen employees and detect COVID-19 cases as early as possible would be fully responsible for the cost of such a program. Additionally, employers have expressed concerns around what happens after an employee tests positive: how the employer can continue to operate with potentially many employees in quarantine and how employees can have the resources and financial means to quarantine rather than continuing to work and potentially spreading the disease.**

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2. Committee Republicans released a paper on COVID-19 testing and surveillance, highlighting among other things, the importance of surveillance in a pandemic.

- a. What surveillance efforts are underway in your state for COVID-19?

**Michigan has numerous surveillance efforts underway. In addition to ongoing surveillance of cases, emergency department visits, hospitalizations, deaths and testing rates, the Michigan Department of Health and Human Services (MDHHS) is partnering with the University of Michigan, Michigan State University, local public health departments, and many employers to use results of symptom screening data to detect elevations in self-reported illness in communities.**

**Michigan is also in process of implementing a seroprevalence survey in long-term care facilities that will better describe the disease's prevalence and the earlier pandemic experience for impacted facilities, allowing for the design of effective control strategies moving forward.**

**Michigan is partnering with the department of Environment, Great Lakes and Energy, several universities to pilot wastewater surveillance for COVID-19, focusing on sentinel surveillance of effluent from selected facilities with congregate populations and in communities.**

**Finally, the state regularly analyzes results from community-based testing opportunities, county-by-county testing results, outbreak monitoring situation reports, and contact tracing efforts to understand the course of the pandemic in our state and identify key policy issues in the response moving forward.**

- b. Are these surveillance systems new, or are they pre-existing systems that are being leveraged for COVID-19?

**Michigan has adapted many pre-existing systems to meet needs during COVID-19, including our information technology system for disease monitoring (the Michigan Disease Surveillance System), sentinel surveillance (Michigan Syndromic Surveillance System), vital records (Electronic Death Registry System), and CDC systems for collecting influenza-like illness (ILI) surveillance, as well as hospital and laboratory influenza results. The Michigan Care Improvement Registry (statewide immunization registry) will be used to monitor the uptake of COVID-19 vaccine(s) when available. New technologies and adaptations are being evaluated to build on these systems.**

- i. If they are pre-existing systems, what other illnesses do they track?

**The Michigan Disease Surveillance System collects information on**

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**all of the communicable disease reportable conditions for the State of Michigan and maintains this information in a patient-centric system. It has been enhanced to address COVID-19 specific needs and will continue to be enhanced to better support COVID-19 surveillance efforts.**

- c. How do these systems report up to HHS/CDC?

**Michigan reports to CDC directly from our surveillance system, in aggregate and line level uploads through the decipher system and line level laboratory information submitted electronically to the CDC as well.**

- d. How often does your state's system(s) report to the CDC? Real time, daily, weekly?

**For the most part, daily.**

3. According to the CDC, the U.S. COVID-19 surveillance goals are to: (1) monitor the spread and intensity of COVID-19 disease in the U.S.; (2) understand disease severity and the spectrum of illness; (3) understand risk factors for severe disease and transmission; (4) monitor for changes in the virus that causes COVID-19; (5) estimate disease burden; and (6) produce data for forecasting COVID-19 spread and impact.

- a. Do you feel that the surveillance systems in your state are sufficient to meet all of these goals?

- i. If not, what improvements do you think need to be made?

**Our communicable disease surveillance system is sufficient functionally but has faced new challenges during COVID-19 from the sheer volume of tests and cases, as well as the unprecedented external demands for data in analysis, reporting, and modeling. Michigan plans to use federal testing funding from the Paycheck Protection Act to invest in system enhancements that will strengthen our technical infrastructure to meet these new needs.**

4. One of the keys to Florida's success was its early deferment to local officials who were able to use local data to inform a community-tailored approach instead of a "one-size fits the state" solution.

- a. How important is local input and engagement in a responsible phased reopening?

**Vitally important. Michigan has pursued a regional strategy for re-engaging sectors of economic and social life, recognizing the differing experiences and risk levels across our state. Input on the metrics and**

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**mitigation for a phased reopening has been obtained through engagement with health care, education, and business sectors, through regular meetings and planning development with the Michigan Health and Hospital Association, the Michigan Economic Recovery Council, and the Michigan Association of Local Public Health. Partners from many sectors were included on multiple stakeholder groups to develop reopening guidance for specific sectors, including the Return to Learn education planning.**

**Michigan continues to carefully monitor regional trends and respond to developments in a targeted manner. Finally, state officials work extremely closely with local health departments and local emergency management on all aspects of the response.**

- b. How do current data models you're consulting account for policy nuances like a regional patchwork of stay-at-home orders in your state or input from hospitals and doctors?

**Michigan's modeling efforts do take into account differing patterns in re-engagement across the state, as well as actual data from hospitals, surveillance systems, and other sources. All of this information provides key inputs to model how the epidemic may progress in our state.**

**The Honorable Tim Walberg (R-MI)**

- 1. On May 19th, the Edenville Dam failed after heavy rains, resulting in catastrophic flooding and the evacuation of approximately 10,000 residents in the areas downstream of the dam. This dam was under State jurisdiction, with a known history of safety violations. In October 2018, the Federal Energy Regulatory Commission revoked its hydropower license, but the State of Michigan continued to let it operate under dangerous conditions.

- a. Governor Whitmer, is it true that your state dam safety inspectors sent emails raising concerns that the dam did not meet safety standards in January of this year?
  - i. If not, when did safety inspectors become aware of the dam's safety issues?

**The Michigan Department of Environment, Great Lakes, and Energy (EGLE) did not "let [the dam] operate under dangerous conditions." Neither the Federal Energy Regulatory Commission (FERC) nor Boyce Hydro, the dam's owner, had indicated that the dam could not safely maintain the established normal water levels, and the visual inspection by EGLE staff in October 2018 did not reveal any imminent danger. FERC's primary concern was whether the dam could meet FERC's spillway capacity requirements (100% Probable Maximum**

Flood, PMF), and it could not. Boyce Hydro refused to increase the spillway capacity, which is one reason FERC revoked their license. Once jurisdiction passed to EGLE, the question became whether the dam could meet Michigan's spillway capacity requirements (1/2 PMF). Boyce Hydro's engineer concluded in January 2019 that the dam could meet 1/2 PMF requirements. EGLE had concerns with some of the assumptions Boyce Hydro's engineer made to reach that conclusion and requested further study in March 2019. In the meantime, the Four Lakes Task Force planned to purchase the dam and increase its spillway capacity to 100% PMF by 2024 so it could obtain a license from FERC. During the course of the planning performed by the Four Lakes Task Force, their engineers performed gate tests and further analysis, and by August 2019, they did not believe the dam could meet Michigan's 1/2 PMF requirement. But the Four Lakes Task Force was already planning to increase the dam's spillway capacity to exceed Michigan's 1/2 PMF requirement.

In the meantime, there was little reason to believe that in the years it would take for the Four Lakes Task Force to increase the dam's spillway capacity, preemptively drawing down Wixom Lake to the extent feasible by the dam's equipment would serve a public safety purpose. Boyce Hydro's own analysis indicated that preemptive drawdown of the lake would not have prevented the failure of the Edenville Dam in the event of a major flooding event. On September 30, 2013, Boyce Hydro submitted an analysis to FERC that determined that while "feasible" to pre-emptively draw down Wixom Lake, doing so in anticipation of a major flooding event would not eliminate the dam's inability to handle the event. The analysis found it would only delay the point at which Wixom Lake reached its peak "by one hour." This was later confirmed by Boyce Hydro's engineer in a January 11, 2014, letter to FERC that stated that "pre-lowering the reservoir as a risk reduction measure" would yield "limited benefits." FERC's staff had reached the same conclusion as Boyce Hydro, which they confirmed in their letter to Congress on June 18, 2020, in which they explained that FERC had not required preemptive drawdowns of Wixom Lake because "preemptive drawdowns" would "not increase the ability of the facility to pass the Probable Maximum Flood."

- b. In May, Attorney General Nessel filed a lawsuit against the dam's operator alleging they illegally lowered the lake level threatening the health of the lake's mussel population.
  - i. With all the safety warnings about this dam, why did the Attorney General continue with a lawsuit, ordering the operators to raise the lake levels in order to save mussels?

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**The lawsuit was brought by Attorney General Dana Nessel at the request of EGLE and the Michigan Department of Natural Resources (MDNR). The lawsuit, which is still pending, does not seek to raise the water level in Wixom Lake. Instead, it seeks to recover for damages caused by Boyce Hydro's illegal drawdowns of the lake in violation of state statutes and a court order.**

**Boyce Hydro, who never intended to extend its drawdowns into May, had already refilled Wixom Lake when the lawsuit was filed. This is consistent with Boyce Hydro's September 25, 2019, permit application, in which Boyce Hydro specifically stated that the Wixom Lake refill would begin in March 2020. As noted, Boyce Hydro never indicated prior to the failure that it could not safely maintain the Wixom Lake summer water level.**

**Committee on Energy and Commerce  
Subcommittee on Oversight and Investigations**

**Hearing on  
“On the Front Line: How Governors are Battling the COVID-19 Pandemic”**

**June 2, 2020**

**The Honorable Asa Hutchinson, Governor, State of Arkansas**

**The Honorable Gus Bilirakis (R-FL)**

1. The Paycheck Protection Program and Healthcare Enhancement Act included \$11 billion for states and local governments for purposes related to COVID-19 testing, including support for use by employers or in other settings
  - a. What role are employers playing in your state in your COVID-19 testing strategy as businesses begin to re-open in your state?
  - b. What, if any, challenges have employers shared with you that limit their ability to increase COVID-19 testing as employees return to the office?
2. Committee Republicans released a paper on COVID-19 testing and surveillance, highlighting among other things, the importance of surveillance in a pandemic.
  - a. What surveillance efforts are underway in your state for COVID-19?
  - b. Are these surveillance systems new, or are they pre-existing systems that are being leveraged for COVID-19?
    - i. If they are pre-existing systems, what other illnesses do they track?
  - c. How do these systems report up to HHS/CDC?
  - d. How often does your state’s system(s) report to the CDC? Real time, daily, weekly?
3. According to the CDC, the U.S. COVID-19 surveillance goals are to: (1) monitor the spread and intensity of COVID-19 disease in the U.S.; (2) understand disease severity and the spectrum of illness; (3) understand risk factors for severe disease and transmission; (4) monitor for changes in the virus that causes COVID-19; (5) estimate disease burden; and (6) produce data for forecasting COVID-19 spread and impact.
  - a. Do you feel that the surveillance systems in your state are sufficient to meet all of these goals?
    - i. If not, what improvements do you think need to be made?
4. One of the keys to Florida’s success was its early deferment to local officials who were able to use local data to inform a community-tailored approach instead of a “one-size fits the state” solution.



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- a. How important is local input and engagement in a responsible phased reopening?
- b. How do current data models you're consulting account for policy nuances like a regional patchwork of stay-at-home orders in your state or input from hospitals and doctors?

#### **Arkansas - Questions for the Record**

1. What role are employers playing in your state in your COVID-19 testing strategy as businesses begin to re-open in your state? What, if any, challenges have employers shared with you that limit their ability to increase COVID-19 testing as employees return to the office?

A: One of the challenges facing us is the speed of testing at the commercial labs. Due to the slow turnaround times, employers are having difficulties operating. If one employee tests positive, and the employer has to close down to quarantine staff, then they must wait seven days, in some instances, for a private lab to return a result, which puts many businesses in a challenging position.

2. Committee Republicans released a paper on COVID-19 testing and surveillance, highlighting among other things, the importance of surveillance in a pandemic. What surveillance efforts are underway in your state for COVID-19?

A: Currently, the state is using the REDCap (Research Electronic Data Capture) system to collect and manage data related to the COVID-19 pandemic. This database collects data from case investigation and contact tracing.

3. Are these surveillance systems new, or are they pre-existing systems that are being leveraged for COVID-19?

A: REDCap is not a new system for the agency and its intended use is not for disease surveillance. However, due to the system's ease of use and flexibility, the agency opted to use this system at the beginning of the COVID-19 pandemic. Our state health department utilizes NEDSS (National Electronics Disease Surveillance System) for disease surveillance. NEDSS is the same system we use to manage other reportable diseases data, such as Hepatitis C and Hepatitis A.

4. If they are pre-existing systems, what other illnesses do they track? How do these systems report up to HHS/CDC?

A: The state reports to our federal partners using a different program called NEDS (National Electronic Diseases System) on the NBS (NEDS Base System) platform.

5. How often does your state's system(s) report to the CDC? Real-time, daily, weekly? A: The state reports to our federal partners via this platform each day.

6. According to the CDC, the U.S. COVID-19 surveillance goals are to: (1) monitor the spread and intensity of COVID-19 disease in the U.S.; (2) understand disease severity and the spectrum of illness; (3) understand risk factors for severe disease and transmission; (4) monitor for changes in the virus that causes COVID-19; (5) estimate disease burden; and (6) produce data for forecasting COVID-19 spread and impact. Do you feel that the surveillance systems in your state are sufficient to meet all of these goals? If not, what improvements do you think need to be made?

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A: The current system is not feasible for ongoing surveillance efforts in our state. Due to the increase in cases and projected increases in the future, we will need to invest in a system that is more robust and can handle large quantities of data. This will require a web-based system that can manage case surges, large quantities of data, and multiple concurrent users.

7. One of the keys to Florida's success was its early deferment to local officials who were able to use local data to inform a community-tailored approach instead of a "one-size fits the state" solution. How important is local input and engagement in a responsible phased reopening?

A: Local input is vital to mitigation efforts and responsible reopening. We rely on our local partners to assist us in targeted messaging for disparate populations.

8. How do current data models you're consulting account for policy nuances like a regional patchwork of stay-at-home orders in your state or input from hospitals and doctors?

A: We consult with our partners in academia to provide state-specific modeling that account for surges in congregate settings (ex. Correctional facilities, schools, and nursing homes) and policies such as mask mandates and phased re-openings.