October 13, 2020

The Honorable Mandy Cohen, MD
Secretary, N.C. Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2001

Dear Secretary Cohen:

Thank you for the opportunity to make comments on NCDHHS’ testing strategy. We appreciate the request for stakeholder feedback and input. The NC Pediatric Society represents more than 2,300 child health professionals across the state.

We applaud many aspects of the approach:

- Focus on best information and communities of need, especially historically marginalized communities
- Inclusion of children in testing information
- Strong communication with providers, such as bi-weekly DPH office hours
- Alignment of Medicaid payment with Division of Public Health recommendations around antigen testing,
- Elimination of co-pay for COVID tests
- Targeted outreach in historically marginalized communities
- Clear guidance on return to work and having a clear policy on the (lack of) need for a negative test to return to work.
- Responsive to changing need and science
We also have some suggestions for further improvement and refinement.

- Prioritizing point of care tests for high incidence counties, including through independent practice when appropriate
- Clarifying with public that tests should be free (no charge; no co-pays)
- Clarifying use of NCIR for adult and child vaccines
- Requiring entry of flu and COVID vaccine into NCIR by all who administer vaccines, including pharmacists (Currently, it is recommended but not required that pharmacists enter flu vaccination into NCIR)
- Assuring NCIR is resourced for COVID-vaccine tracking
- Assuring the Immunization Branch is resourced appropriately for necessary trainers, server time and other increased needs
- Continuing strong education with providers on need to test with symptoms

Specifically towards further improving response for HMP, we offer the following:

- For places with known high density of these populations, establishing a permanent or semi-permanent (maybe 6-12 months) testing site in those locations. For example, a mobile van could be stationed in designated neighborhood certain days of the week.
- For mobile groups, focus on mobile strategies. For example, bring testing events to migrant farm workers and their families.
- As some LEAs reopen schools, consider having a mobile van located at schools with higher numbers of HMP. Thus if a student screens positive they could get testing right away and not have to figure out how to get to a clinic on the other side of town

Thank you again for this opportunity to provide feedback. If you need any follow up information, please reach out to me, or our Executive Director, Elizabeth Hudgins.

Sincerely,

Christoph R. Diasio, MD, FAAP
President, North Carolina Pediatric Society