



Board of Supervisors Memorandum

March 2, 2021

COVID-19 Pandemic Update for the March 2, 2021 Board of Supervisors Meeting Related to Testing and Vaccination

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Background

The public health emergency caused by the COVID-19 virus is far from over.

The most recent COVID-19 supplemental relief package includes money for state and local health departments to continue community testing. Arizona received \$416 million from the relief package, which is in addition to the \$152 million the State received from the CDC for epidemiology and laboratory capacity. The State has now received \$568 million in additional funding for testing and related functions.

Arguably COVID-19 testing remains a critical component to returning to normal given the latest variants of the virus identified in United Kingdom (UK) and our continuing need to understand the prevalence of the disease within Pima County. The UK variant appears to spread more easily and quickly than other variants and experts in the UK are reporting that "this variant may be associated with an increased risk of death compared to other variant viruses, but more studies are needed to confirm this finding."

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(<https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant.html>) Two additional variants have been identified – one from South Africa and one from Brazil that also spread more easily and quickly than the “original” COVID-19 virus.

I highlight these variants to drive home the reality - **the public health emergency is far from over.**

I would like to revisit the purpose of public health and the concept of the public health emergency. The easiest way to think about public health is that it deals with health from the perspective of populations (cities, counties, etc.) not individuals. We define public health emergencies not only by their immediate and individual health consequences but also by their causes, triggering events, and their ***potential*** to overwhelm our health care system and greatly disrupt routine activities such as work and school. This is exactly what has happened.

The health consequences of COVID-19 are vast, the worst of which is death, and it is caused by an airborne virus. The triggering event – breathing and vocalizing when interacting with other people. We can all agree that we are long past the potential of our health care system being overwhelmed and we can also agree that over the last year this virus has caused an epic disruption to every person’s routine activities.

While our decision to provide free testing is “a little bit different than what we normally do with healthcare testing.” (Attachment 1) Nothing about COVID-19 is normal, including the need to test extensively.

Pay for testing through Insurance

The State says that tests done in Pima County paid for by the county government “is the county's own fault for picking up the tab.” (Attachment 1)

But they are incorrect when they say the county “could have arranged, as occurs in some other places, to see if people have health insurance and bill those firms accordingly instead of taking it out of taxpayer dollars.” (Attachment 1)

It is possible under a very limited and confining set of circumstances even though the CARES Act requires most commercial health insurance plans, Medicare, Medicare Advantage, and the Medicaid program to cover all types of COVID-19 testing at no charge to the beneficiary. However, the test must be determined to be medically indicated and appropriate by a person’s attending health care provider.

The logical question in a public testing environment is: Who is the attending health care provider in a public health emergency?

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According to guidance issued by the Departments of Labor, Health and Human Services and Treasury, "an attending provider for purposes of section 6001 of the FFCRA is an individual who is licensed (or otherwise authorized) under applicable law, who is acting within the scope of the provider's license (or authorization), **and** who is responsible for providing care to the patient. (<https://www.cms.gov/files/document/FFCRA-Part-43-FAQs.pdf>) This definition is clearly applicable to the setting of routine clinical care it does not however make sense in a public health emergency.

Clearly large community testing sites do not have attending providers who are responsible for providing care to every person who is tested.

Screening tests are those performed in populations without obvious symptoms or signs of disease precisely for determining the **risk** of infection in that individual and their contacts.

How does requiring billing to health insurance relate to the state position that "[W]e would recommend that anybody that thinks they've been infected with or exposed to COVID-19 still get tested the State admits, 'We know that asymptomatic spread can happen?' Which is the very reason why extensive and free testing is needed.

A return to normalcy is in sight, but not without a significant ramp up in testing across the community, in the workplace and in our schools. If we use the resources allocated for this effort, we will get where we all want to be a whole lot faster. It is obvious that symptomatic individuals should remain home when they are ill and should be avoided to prevent spread of infection. However, without free and widespread testing, we will not be able to identify and isolate asymptomatic cases that represent the greatest threat to the population.

The Arizona Department of Health Services Requested Pima County submit a proposal for continuing COVID-19 testing

As requested by the State, a proposal and supporting documentation from our Health Department was submitted to the Arizona Department of Health Services (ADHS) requesting \$40.3 million for COVID-19 testing both from what the County has already expended, which is nearly \$10.7 through last week and forecasted to be another \$29.6 million through the end of August. (Attachment 2)

In support of this submittal, documentation was provided to demonstrate the order of magnitude of COVID-19 testing provided by Pima County, which is substantially greater than any other County. Enclosed is recent testing data from the County's primary contractor for COVID-19 testing, Paradigm Laboratories. (Attachment 3)

Because the present time period of focus is after the second round of supplemental funding was provided by Congress, the data we are focusing on is from December 21, 2020. This data includes the amount of testing at the various sites in Pima County versus the sites that

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Paradigm is under contract with the State to provide for the period of December 21, 2020 to February 19, 2021.

The data indicates Pima County has performed 86,000 of 92,000 tests since the passage of the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 on December 21, 2020. As you can see, there is a dramatic difference in the amount of COVID-19 testing performed by Pima County versus the State by our contractor.

Only approximately 5,700 of these tests have been paid by the State. It should be noted this does not include the Arizona State University saliva testing that is also occurring, which is paid by the state. However, it is clear the County is providing and continues to provide the majority of COVID-19 testing in Pima County without assurance of reimbursement by the State from federal funds already appropriated for this purpose. When all testing is included from the State testing website it would appear Pima County performed at least 86,000 of the 181,000 tests in Pima County or approximately half. This does not include testing provided by our partner the City of Tucson, which would increase the amount of testing by local governments to over 60 percent.

Attachment 4 shows all of the testing identified on the State website of broken down by time period:

- 38,307 tests were performed between December 21, 2020 and December 31, 2020
- 51,770 tests between January 1, 2021 and January 15, 2021
- 91,063 tests between January 15, 2021 and February 19, 2021

For these same periods Pima County performed tests were:

- 23,678 between December 21, 2020 and December 31, 2020
- 27,496 between January 1, 2021 and January 15, 2021
- 34,781 between January 15, 2021 and February 19, 2021

<u>County Cost:</u> \$3.5 million \$4.1 million \$5.2 million
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Percent of all tests done by Pima County:

- 62 percent between December 21, 2020 and December 31, 2020
- 53 percent between January 1, 2021 and January 15, 2021
- 38 percent between January 15, 2021 and February 19, 2021 (change with an influx of Binex testing)

Another key indicator of just how much testing has been performed by the County is from our Test Management Teams at the Health Department. (Attachment 5) gives the testing data for 369,289 COVID-19 PCR test since the pandemic began 90 percent of these tests were performed by and paid by the County. The data shows the number of tests by test

site with the Kino public testing site leading all locations with 81,187 tests followed closely by the Udall public testing site with 74,307 tests. More importantly page three of the attachment shows the weekly trend in tests over time. This data shows that the total volume of testing peaked during the week of 12/10/2020 to 12/24/2020 with approximately 24,000 tests and has steadily declined to approximately 5,000 tests for the week of 02/19/2021 to 02/24/2021.

This data along with the State questioning reimbursement of our testing costs both allows and requires that we reduce public testing availability.

Clearly without question, the public health agency of Pima County has provided over half of all COVID-19 testing during this period, dramatically more than any other County.

State Funding Offer Increased from \$1 million to \$14.3 million

Initially, as I previously communicated with the Board, the State responded with an offer of \$1 million in direct payment to their contractor, Paradigm Laboratories, which is our contractor as well. Hence, the State initially offered none of the \$416 million from the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 for our COVID-19 testing, a serious policy mistake.

In response to an item on the agenda for the recent Joint Meeting with the City of Tucson regarding suspending COVID-19 testing as of February 22, 2021, the State issued a press release one hour before our joint meeting indicating that they were making available \$100 million of these funds for testing to all of the counties in Arizona, including those not making a significant investment in COVID-19 testing. We were never contacted regarding this change in position.

The basis of fund distribution now proposed by the State is based on a baseline allocation of \$100,000 per county; with the balance distributed by population does not recognize who is actually performing COVID-19 testing among the counties in Arizona. Of the counties providing testing, Pima County has provided over 90 percent of the COVID-19 PCR tests. We will request that this distribution formula be revisited and weighted towards those counties actually performing COVID-19 PCR testing such as Pima County where we provided over 50 percent of all testing, not 14 percent which reflects our percentage of State population.

State Indicates County May Not Be Able to Receive Payment for Testing between January 1, 2021 and January 15, 2021

The ADHS Director Dr. Cara Christ has indicated that there is a belief that the County may not be eligible for funding from the Act for any testing completed between January 1 and January 15. Data indicates the number of tests performed by the County during this period was 27,496 tests. When the Act was passed by Congress on December 21, 2020, the

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period between the 21st and 31st, the County conducted 15,701, plus airport tests of 7,977 for a total of 23,678 COVID-19 tests. Therefore, the County conducted 51,174 tests during December 21, 2020 and January 15, 2021, which happens to be the peak period of infection during the pandemic. It should be noted the County began airport testing at Tucson International Airport on November 12, 2020, shortly thereafter we asked the State to take over airport testing. The State declined but took over this testing after January 1, 2021.

There is no specific prohibition preventing the State from reimbursing the County from federal funds provided for this purpose for COVID-19 testing since the date the Act was passed was December 21. In addition, the Act is quite expansive with respect to what is reimbursable, specifically it indicates the additional supplemental resources are intended to “prevent, prepare for and respond to Coronavirus by supporting testing, case investigation and contact tracing, surveillance, containment and mitigation... Scale up of testing by public health academic, commercial and hospital laboratories and community-based testing sites, mobile testing sites...and other entities engaged in COVID-19 testing.”

It is clear that the County requires additional resources to “prevent, prepare for and respond to Coronavirus.” Our entire community-based, mobile testing has been in response to the Coronavirus pandemic and in direct proportion to the number of infections occurring on a daily basis from December 21, 2020 through February 19, 2021 and continuing to this date.

County COVID-19 Public Testing Necessary to Contain the Spread of COVID-19 and Medically Necessary in Responses to the Pandemic Public Health Crisis

The data in Attachment 4 shows the total COVID-19 testing provided by Pima County from December 21, 2020 through February 19, 2021. It is clear the number of COVID-19 testing corresponds directly to the rapid increase of COVID-19 infections in Pima County’s population after December 21 accentuated by the Christmas and New Year’s holidays. We responded as a reasonable public agency concerned first with the public health not the health of our budget. The number of infections per day is also correlated to the number of tests per day. These tests were performed only in response to public demand and the need to provide testing to minimize the spread of COVID-19 through testing, to enhance surveillance, support contact tracing, and the isolation of asymptomatic individuals who can spread COVID-19 without knowing it.

Within Attachment 4 are two figures, the first is the epidemiology curve from the State’s website regarding Pima County COVID-19 infections by date. Important dates to consider are December 21, 2020, January 1, 2021 and January 15, 2021. It is clear from this epidemiology curve that infections were peaking in Pima County during this period. In fact, national data indicated that Arizona led the nation in the number of new infections by day. Attachment 4 shows the corresponding number of COVID-19 tests undertaken in Pima County during this time. Again, focusing on the dates of December 21, January 1 and January 15, it is clear that the number of tests follows closely with the number of increased infections during this period. Testing is the ONLY way to identify individuals who have been

infected with COVID-19, and identification is the only way to initiate appropriate case investigation, isolation, and contact tracing.

Clearly, the amount of our COVID-19 testing directly correlates with the infection rate and health and medical consequences of the pandemic, this three-week period happens to be the worse period of time to date since the pandemic began for the State to imply we should not be paid for our public health response shows they may be unaware of our efforts.

COVID-19 Testing Response by other Counties, Including State Testing in other Counties

To determine whether any other county had been reimbursed by the State for COVID-19 testing, I asked the Executive Director of the County Supervisors Association, Craig Sullivan, to survey other counties regarding their level of COVID-19 testing. A number of counties responded to the survey (Attachment 6). This response indicated that Pima County was likely the largest provider of COVID-19 PCR testing to the public. Other counties were providing Binex-NOW Antigen Tests provided to each county by the State at no cost to each county.

Of the PCR testing performed by counties in Arizona, it is likely we have performed over 90 percent of these tests. Santa Cruz and Pinal Counties have performed some PCR testing through our contractor. The magnitude of the cost of Santa Cruz County testing is approximately \$1 million and in Pinal County, approximately \$3 million.

Recently, Maricopa County issued a Request for Proposals (RFP) and awarded a contract for COVID-19 PCR testing. This contract was executed with our contractor, Paradigm Laboratories. However, based methodology of distributing testing funds of \$60 million has been designated for Maricopa County versus \$14.3 million for Pima County.

Centers for Disease Control (CDC) Pilot program to compare Binex to PCR COVID-19 testing

Pima County was selected by the Centers of Disease Control for this study to determine the accuracy and effectiveness of the rapid Binex test in the detection of COVID-19 infection versus the PCR test. Between November 3 to 17, 2020, pilot testing comparing Binax NOW COVID-19 test with the COVID-19 PCR test. This evaluation resulted in a publication in MMWR on January 22, 2021. (<https://www.cdc.gov/mmwr/volumes/70/wr/mm7003e3.htm>)

The findings of this study confirmed the utility of rapid COVID antigen testing especially among individuals presenting with early symptoms of COVID infection. It also points out the limitation of this type of testing in asymptomatic populations where it performs poorly compared to the PCR testing as performed by our contractor.

It is only through valid testing and analytic evaluation that testing protocols can be modified. I am pleased our public health organization was selected to help with this process by the Federal government.

Restructuring our testing program based on the State limited funding proposal.

Our COVID-19 testing expenditures since December 21, is \$12.9 million based on 85,955 number of tests multiplied by the average cost of each test through our testing contractor. This amount nearly exceeds the State allocation of \$14.3 million by \$1.4 million. To make any sense of the State allocation, it would be appropriate to break our testing expenses into three distinct time periods, those dates between December 21 and December 31, which is 23,678 COVID-19 tests costing \$3.5 million, those dates between January 1 and January 15, which is 27,496 tests costing \$4.1 million; and for those dates after January 15 to the current evaluation period, which ends on February 19, 2021 34,781 tests have been conducted costing \$5.2 million.

Based on the State's criteria, it is clear we will be reimbursed for those COVID-19 tests that occurred after January 15 or \$5.2 million. If that is subtracted from the \$14.3 million allocation and assuming remaining tests are COVID-19 PCR tests, then County sponsored testing can continue until approximately late March, be paid for COVID-19 testing between December 21 and January 15. I am fairly certain that we will win any appeal to the State's decision not to reimburse between January 1 and January 15, which amount to 27,496 COVID-19 tests for \$4.1 million. I am uncertain as to our success in receiving funding from December 21 to December 31, which amounts to 23,678 COVID-19 tests and \$3.5 million. Therefore, this amount should be subtracted from the State allocation of \$14.3 million, shortening the assured timeframe for our testing to early March.

The City of Tucson has paid for nearly \$8 million in COVID-19 testing from their Cares Act funding and their funds are nearly exhausted. Our Cares Act funding was fully expended by December 21. To reduce our future costs for these sites, We have asked Arizona State University using their saliva testing to take over the City sites within the next 10 days.

In addition, the Kino Event Center site may be required to yield to air conditioned internal vaccination by May 1; hence, this testing site will be closed or significantly reduced in size on or before that date so that it can be used for vaccinations due to the anticipated hot weather that will inhibit drive thru vaccinations.

Finally, because of the fiscal uncertainty of the pass through of federal funds for testing by the State and the reduction in testing volume it will be necessary to close the Udall testing site as well as the downtown testing site in the next 10 days.

In summary, without additional State funding, our testing will be limited and will begin to be substantially reduced as early as the second week in March.

Appeal of limited State funding to the CDC, HHS, White House

While the federal government is clearly signaling the need to provide additional funding to frontline public health agencies responding to the Coronavirus pandemic, the State has been slow to pass through funds to on-the-ground public health agencies performing the work necessary to contain the pandemic. When funding is passed through it has been far from adequate. This is true in vaccination cost support to local agencies as well as most dramatically in the distribution of funding for testing as outlined in this memorandum in previous sections. The direct communication between State agencies and high-level County management has been non-existent. This lack of communication has simply been the catalyst for our request to the federal government and federal agencies for assistance.

We will in writing ask the State to reconsider these allocations in a timely manner.

Status of Vaccines Delivered

Attachment 7 is a graphic demonstrating the number of vaccines that have been delivered as of February 25, 2021, 245,930 vaccines have been delivered with 166,916 first dose and 78,340 second doses vaccine. It should be noted that the Accelerated Vaccination Plan provided by our County public health agency on January 12, 2021, set a target goal of delivering 300,000 vaccines by the end of March. It is now likely this goal will be achieved early in the first week of March. This indicates we are at least ahead of our vaccination plan by approximately 30 days even though we have experienced some vaccine shortages in the last 10 days.

The vaccine report indicates that of the total individuals vaccinated, 60 percent are female and 40 percent are male. Of the vaccine supply, 60 percent is Moderna and 40 percent is Pfizer and of those administered, 68 percent are first doses and 32 percent are second doses.

It is also important to note that we are continuing to deliver vaccines to our targeted populations. The number of vaccines delivered to the population of those 60 years of age and over is 58 percent even though that population represents 26 percent of the regional population. In addition, for those individuals 70 + , the percentage is 44 percent, even though those individuals represent only 14 percent of the regional population. The planned accelerated delivery of vaccine has been more successful than originally projected and is being delivered to the correct population age demographic. We do have to pay much more attention to the disadvantaged populations and this will be our focus in the coming weeks ahead with mobile clinics.

Vaccine Supply

As has been reported last week, vaccine supply has been problematic but conditions are improving. Attached is another graphic that we have provided previously that shows the vaccine receipt by week. (Attachment 8) Our lowest receipt of vaccine occurred two weeks

ago when the State diverted a portion of our vaccine supply to the University of Arizona State POD. Just last week, I initially reported on Thursday that our vaccine supply for the coming week had been reduced to 12,500 doses. On a telephone conference with the Governor's Office, I did request information as to where the 5,000 doses that we were scheduled to receive had been allocated. No answer was received, however at approximately 10:00 am on the following morning, we were notified that the County would receive an additional 4,600 doses bringing our total of that week to 17,100. No explanation was provided for this change.

This week, vaccination allocation has increased including the allocation to the State POD at the University of Arizona. This week, considering our allocation of 24,000 and the allocation to the University-State POD, we will receive 41,550 doses. We plan to quickly deploy these doses to again, the targeted population that now is associated with the age group of 65 and over. We are also now preparing to move into essential employee classifications and hope to do so by mid-March.

Pilot Program with Uber to Provide Transportation Services to the Disadvantaged Population

Pima County was selected out of three communities in the nation to pilot with Uber to provide transportation services for the disadvantaged. The State recently announced that anyone who was AHCCCS eligible would also receive free transportation. However, AHCCCS eligibility and determination is complicated and difficult to navigate, particularly by indigent individuals. Hence, the program offered by Uber is both unique and welcomed by Pima County. There are only three communities in the nation receiving this grant and we are honored at their confidence in our ability to reach disadvantaged communities and ensure they have equal access to public health resources.

Vaccine Opportunities for Disadvantaged Communities

This weekend, the County is operating three mobile clinics directed to disadvantaged communities in both the Hispanic and African American communities. These are occurring at Greyhound Park in South Tucson, Christ Community Church and Rising Star Church.

Our mobile clinics will continue to concentrate on disadvantaged populations and will accelerate their access into these communities. In addition, we have indicated that similar to the State PODs that they are to indicate the "plus one" individuals will also be vaccinated. This means that when individuals present to the mobile clinic, ones that indicate they are caregivers to others who are fully qualified to be vaccinated they will also be vaccinated. In this manner, we hope to increase the percentage of the disadvantaged communities that are vaccinated as a proportion to the entire population of Pima County.

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Sincerely,



C.H. Huckelberry
County Administrator

CHH/mp – March 1, 2021

c: Jan Leshar, Chief Deputy County Administrator
Carmine DeBonis, Jr., Deputy County Administrator for Public Works
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department
Shane Clark, Director for Pima County Office of Emergency Management
Spencer Graves, Logistics Manager

ATTACHMENT 1

County gets \$14M from state to help cover tests for COVID

Pima stuck with previous tab, AZ insists; Huckelberry fumes

By Howard Fischer

CAPITOL MEDIA SERVICES

PHOENIX — Arizona health officials doled out \$100 million in federal funds Friday to the state's counties to boost local testing for COVID-19.

The announcement came a day after Pima County Administrator Chuck Huckelberry said he would ask supervisors to stop the testing, saying the state failed to live up to its promise to reimburse the county.

But state health director Dr. Cara Christ said Friday's move had nothing to do with that and the plan already was in the works.

In fact, Christ said Pima County officials are mistaken if they think they're going to get repaid for all of the \$10.7 million the county already spent out of its own coffers for testing.

She denied that was ever promised.

'I think that the county's a little confused on a couple of points,' Christ said. 'The funding that is coming cannot be used for reimbursement.'

As for all the tests done, 'that was a strategy that Pima County wanted to provide free testing to all of the providers,' rather than setting up a system to bill the insurance companies of individuals who have coverage, Christ said. 'That's a little bit different than what we normally do with healthcare testing.'

So the \$14.36 million for Pima County in Friday's announcement can be used only for expenses

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from Jan. 15 forward, under the federal rules governing the grant, she said.

Huckelberry said that's not acceptable. He vowed to seek review and, if necessary, appeal to the appropriate federal agencies.

'We have a (state) public health agency not recognizing that January was the worst so far' for COVID-19, which is why the county stepped up to provide testing, he said.

Huckelberry figures Pima County has been conducting about 3,000 tests a day. Take the first 14 days of January — the time Christ said the state won't pay for — and multiply that by the \$191 cost of per test, and that's more than \$8 million. And that doesn't cover anything done last year.

Huckelberry is no more happy with how the state is dividing up the \$100 million.

Christ said a decision was made to provide a base of \$100,000 to each of the state's 15 counties. Then the balance was allocated based on population.

Huckelberry said that fails to acknowledge that many counties have no testing program of their own. Meanwhile, he said, 65% of the tests done in Pima County were done by county government.

Christ, however, figures part of that is the county's own fault for picking up the tab. She said its officials could have arranged, as occurs in some other places, to see if people have health insurance and bill those firms accordingly instead of taking it out of taxpayer dollars.

Anyway, she said her team did manage to find \$1 million in other dollars that the county could use to pay for services at Paradigm Labs 'to keep them going until they get this funding.' But even that money, Christ said, is not a reimbursement.

'It was to continue testing activities,' she said, saying any new dollars will be 'a moving forward opportunity.'

The state has been helping, Christ added.

'We've been paying for airport testing since Jan. 1 and those types of activities,' she said, referring to in-terminal testing for travelers and a site outside the terminal for nontravelers.

'But this federal money, it's for activities from Jan. 15 on,' Christ said.

Asked about Pima County officials' belief they were promised reimbursement, Christ said: 'I don't remember us agreeing to that.'

While the state is funneling more federal dollars into local testing, Christ acknowledged that the overall level of testing is down. But she said that's not a surprise.

More cases being reported tends to lead to more people hoping to find out if they've contracted the virus, she said.

'And as we tend to go down in cases, people tend to drop off for testing,' Christ said.

That's not necessarily a good idea, however.

'We would recommend that anybody that thinks they've been infected with or exposed to COVID-19 still get tested,' she said. 'We know that asymptomatic spread can happen.'

And even people who have been inoculated may need to get tested, too. 'We know that no vaccine is 100% effective,' Christ explained.

'The less people that can be impacted by the disease, the better it is for those people that can't get vaccinated or who the vaccine didn't work in,' she said.

'Herd immunity' is the point at which there are enough people either vaccinated or with antibodies so that the virus cannot spread as easily. Christ said that can't happen now because the demand for the vaccine still far exceeds the supply. It won't be until that situation is reversed, she said, that there will be a big push to convince people to 'roll up their sleeves.'

That will involve tailoring the communications strategy, she said.

One way will be to work with what Christ calls 'vaccine- hesitant' groups. That means providing more information to answer their questions and getting 'trusted leaders' to promote vaccination.

Doctors themselves will have to talk up the idea, she added.

ATTACHMENT 2



MEMORANDUM

Date: February 18, 2021

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator *CH*

Re: **COVID-19 Testing and Reimbursement Funding from the State**

The State asked the County to provide our testing expenses for reimbursement. We provided this information on February 16, 2021 (Attachment 1) and received the attached email response from the Arizona Department of Health Services' Bureau of Epidemiology and Disease Control Chief Eugene Livar, MD, CIC, (Attachment 2).

It appears the funding we believed was set aside in the 2021 Consolidated Appropriations Act for COVID-19 testing of \$416 million to the State is being used by the State for other purposes. In their response, they indicated,

"At this time we are able to provide \$1,000,000 for Pima County testing through one of our state vendors, Paradigm Labs."

Paradigm Labs is also our contractor. It appears the uses for which the State will be using these funds is for everything but COVID-19 testing.

There is no mention of any reimbursement of our costs incurred since January 1, 2021, which is now \$10.7 million. They also state,

"It may be likely that we can not support the entirety of the \$40,274,448 need but will likely be able to provide some level of support."

Based on this statement, I would ask the Board to suspend County COVID-19 testing as of Monday, February 22, 2021. This is unfortunate as it was abundantly clear to Pima County that the State allocation was for COVID-19 testing. At least that was the impression we were left with in reviewing the Federal 2021 Consolidated Appropriations Act.

We cannot continue to deficit spend and this less than responsible response from the State requires immediate action.

At your joint meeting, I ask the Board of Supervisors to consider a motion to approve the suspension of COVID-19 testing as of February 22, 2021.

Attachments

c: Jan Leshar, Chief Deputy County Administrator
Carmine DeBonis, Jr., Deputy County Administrator for Public Works
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services

Pima County COVID-19 Testing Projections

The Pima County Health Department (PCHD) has been coordinating COVID-19 testing services since April 2020, with volume testing beginning in May 2020. PCHD has contracted with several vendors to provide comprehensive RT-PCR and antigen testing. Federal CRF funding, and then from Pima County Health Department funds, were used to pay the billings from these agencies. Based on collected data, Pima County has been financially responsible for 65% of the large scale testing in the region. To date, Pima County has paid over \$47,750,000 for RT-PCR testing. Over \$10,680,000 of that has been from Pima County funds. The majority of February service invoices have not yet arrived.

The Pima County testing plan continues to focus on a target of 1.5 tests per 1,000 residents per day, in accordance with national recommendations and the threshold set by Resolve to Save Lives. Testing at this level will provide confidence that the majority of cases are being identified and entering the contact tracing and spread mitigation protocols, diminishing the likelihood of additional COVID-19 transmission.

To calculate the amount of testing required, and the related expense, PCHD used the following process:

- Starting with a population of 1.1M, reduced each month by the projected numbers of fully vaccinated residents. That provides a testing target population of 1,060,000 for February;
- Applying the 1.5 ratio results in 1,590 tests needed per day in February;
- Multiplying by the number of days remaining in the month (21) give 33,390 more tests needed;
- Multiplying the number of tests times the County test responsibility rate (65%) and average per test expense (\$191) projects the February expense at \$4,153,599.

Applying the same methodology to subsequent months projects an expense of \$29,588,328. Table I below details the actual expenses incurred for January and February (to date), and the projections for the subsequent months.

Table I - Pima County COVID-19 Testing Targets and Expense

	Rate per 1000 pop	Fully Vaccinated	Target Pop	Tests per day	Tests per mo	County Test Rate	\$/Test	PC Exp	
Jan			Actual expense incurred					\$	8,256,120
Feb			Actual expense incurred to date					\$	2,430,000
Subtotal of actual expenses incurred:									\$ 10,686,120
Feb	1.5	40,000	1,060,000	1,590	33,390	65%	\$ 191	\$	4,153,599
Mar	1.5	80,000	1,020,000	1,530	47,430	65%	\$ 191	\$	5,900,126
Apr	1.5	150,000	950,000	1,425	42,750	65%	\$ 191	\$	5,317,950
May	1.5	280,000	820,000	1,230	38,130	65%	\$ 191	\$	4,743,238
Jun	1.5	410,000	690,000	1,035	31,050	65%	\$ 191	\$	3,862,511
Jul	1.5	615,000	485,000	728	22,553	65%	\$ 191	\$	2,805,452
Aug	1.5	615,000	485,000	728	22,553	65%	\$ 191	\$	2,805,452
Subtotal of projected expenses:									<u>\$ 29,588,328</u>
Total testing expense:									<u>\$ 40,274,448</u>

To support incurred costs and meet national recommendations for testing surveillance, Pima County projects a \$40,274,448 expense to provide testing across the county. This schedule of expenses assumes vaccine availability continues to increase and administration at the aggressive rate presented above, with full vaccination of willing Pima County adults by July 2021. These expenses are subject to change based on the vaccination rate, vaccine efficacy against new strains, per test expense, and changes in national and local guidance.

From: Eugene Livar <eugene.livar@azdhs.gov>

Sent: Thursday, February 18, 2021 7:38 AM

To: Theresa Cullen <Theresa.Cullen@pima.gov>

Cc: Jessica Rigler <Jessica.rigler@azdhs.gov>; Francisco Garcia <Francisco.Garcia@pima.gov>

Subject: Re: testing

CAUTION: This message and sender come from outside Pima County. If you did not expect this message, proceed with caution. Verify the sender's identity before performing any action, such as clicking on a link or opening an attachment.

Hi Terry,

Thank you for providing the testing budget and projections. This will be very helpful as we move forward with budget planning. Please note that the ELC funds we have available are to be prioritized for the following strategies for all of Arizona and testing is one of them.

- Enhance Laboratory, Surveillance, Informatics, and other Workforce Capacity
- Strengthen Laboratory Testing
- Advance Electronic Data Exchange at Public Health Labs²
- Improve Surveillance and Reporting of Electronic Health Data
- Use Laboratory Data to Enhance Investigation, Response, and Prevention
- Coordinate and Engage with Partners

At this time we are able to provide \$1,000,000 for Pima County testing through one of our state vendors, Paradigm Labs, for immediate needs while we work through drafting our budget and submit for federal approval in mid-March. At that point, we can reassess the funding available to support Pima County's testing needs. It may be likely that we can not support the entirety of the \$40,274,448 need but will likely be able to provide some level of support.

Sincerely,

Eugene

Eugene Livar, MD, CIC

Chief, Bureau of Epidemiology & Disease Control

Arizona Department of Health Services

150 North 18th Avenue, Suite 100, Phoenix, AZ 85007

Direct 602-364-3846

Mobile



Email Eugene.Livar@azdhs.gov

Health and Wellness for all Arizonans

ATTACHMENT 3



PIMA COUNTY PUBLIC SITES & CONGREGATE CARE

SYMPTOMATIC & POSITIVITY ANALYTICS

Public Site Breakdown

	July	August	September	October	November	December	2020	January	February	2021 YTD	Total Samples
Udall Recreation Center		3,073	3,805	7,026	10,999	22,340	47,243	21,710	6,716	28,426	75,669
Asymptomatic		2,251	2,794	5,338	8,607	17,263	36,253	16,174	5,201	21,375	57,628
Undisclosed		224	167	191	304	490	1,376	491	137	628	2,004
Symptomatic		595	844	1,497	2,088	4,587	9,611	5,045	1,378	6,423	16,034
Positivity Rate		4%	4%	6%	9%	17%	12%	19%	13%	18%	14%
Kino Event Center	8,883	7,968	4,749	6,983	9,896	17,719	56,198	20,300	6,443	26,743	82,941
Asymptomatic	7,086	6,129	3,487	5,293	7,460	13,557	43,012	14,634	4,967	19,601	62,613
Undisclosed	51	180	260	239	288	469	1,487	541	131	672	2,159
Symptomatic	1,742	1,653	1,000	1,450	2,147	3,691	11,683	5,122	1,345	6,467	18,150
Positivity Rate	13%	14%	9%	8%	16%	25%	17%	27%	19%	25%	19%
Pima 6009/VIP		13	268	337	1,925	4,395	6,938	2,998	1,759	4,757	11,695
Asymptomatic		8	236	306	1,370	3,003	4,923	1,949	1,228	3,177	8,100
Undisclosed		2	6	10	129	289	436	282	140	422	858
Symptomatic		3	28	21	426	1,103	1,581	765	391	1,156	2,737
Positivity Rate		0%	9%	4%	17%	28%	23%	25%	17%	22%	22%
Downtown Tucson				1,109	1,619	2,607	5,335	2,310	1,305	3,615	8,950
Asymptomatic				808	1,317	2,103	4,228	1,872	1,136	3,008	7,236
Undisclosed				42	49	60	151	49	15	64	215
Symptomatic				258	253	444	955	389	154	543	1,498
Positivity Rate				11%	13%	17%	14%	17%	9%	14%	14%
Mobile			646	106	1,568	259	2,579	-	2	2	2,581
Asymptomatic			572	103	1,180	215	2,070	-	2	2	2,072
Undisclosed			-	-	-	-	-	-	-	-	-
Symptomatic			45	-	325	37	407	-	-	-	407
Positivity Rate			28%	9%	15%	27%	19%	0%	0%	0%	20%
Tucson Inside Airport					2,025	5,655	7,680	3,021	841	3,862	11,542
Asymptomatic					1,615	4,440	6,055	2,508	745	3,253	9,308
Undisclosed					41	139	180	38	8	46	226
Symptomatic					369	1,076	1,445	475	88	563	2,008
Positivity Rate					12%	22%	19%	24%	11%	21%	20%

All Public Sites	8,883	11,054	9,468	15,561	28,032	52,975	125,973	50,339	17,066	67,405	193,378
Asymptomatic	7,086	8,388	7,089	11,848	21,549	40,581	96,541	37,137	13,279	50,416	146,957
Undisclosed	51	406	433	482	811	1,447	3,630	1,401	431	1,832	5,462
Symptomatic	1,742	2,251	1,917	3,226	5,608	10,938	25,682	11,796	3,356	15,152	40,834
Positivity Rate	13%	6%	12%	8%	14%	23%	17%	19%	11%	22%	18%

Congregate Care	11,304	10,206	14,052	8,228	11,587	7,070	62,447	3,378	1,794	5,172	67,619
Asymptomatic	8,017	9,127	12,522	7,622	10,734	6,167	54,189	2,797	1,619	4,416	58,605
Undisclosed	1,708	1,004	1,424	488	570	607	5,801	349	83	432	6,233
Symptomatic	219	74	106	110	198	271	978	230	92	322	1,300
Positivity Rate	3%	2%	1%	1%	4%	12%	3%	11%	6%	9%	3%



PIMA COUNTY PUBLIC SITES

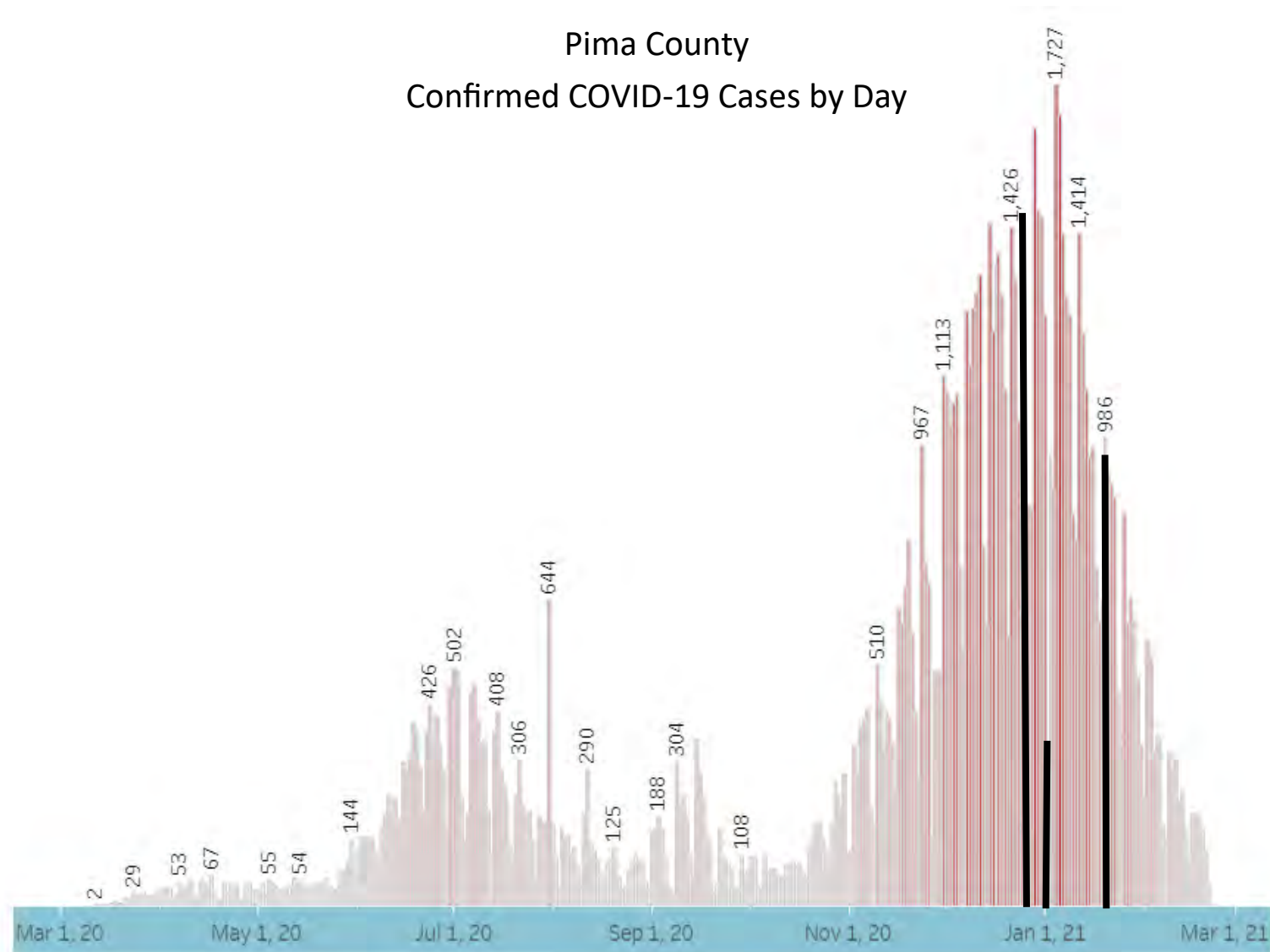
Site Name	12/21/20 - 12/31/20	1/1/21 - 1/15/21	1/16/21 - 2/19/21	Total Samples
Udall Recreation Center	7,234	12,620	15,188	35,042
Kino Event Center	5,865	11,592	14,739	32,196
Pima 6009	1,651	1,726	2,874	6,251
Downtown Tucson	908	1,538	1,973	4,419
Mobile	43	20	7	70
	15,701	27,496	34,781	77,978

Airport Breakdown	Start - 12/31/20	1/1/21 - 1/15/21	1/16/21 - 2/19/21	Total Samples
Inside Airport - <i>Start date 11/20/2020</i>	7,680	2,021	1,762	11,463
Outside Airport (Plumer) - <i>Start date 12/29/2020</i>	297	787	1,191	2,275
	7,977	2,808	2,953	13,738

Total Samples				91,716
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ATTACHMENT 4

Pima County Confirmed COVID-19 Cases by Day

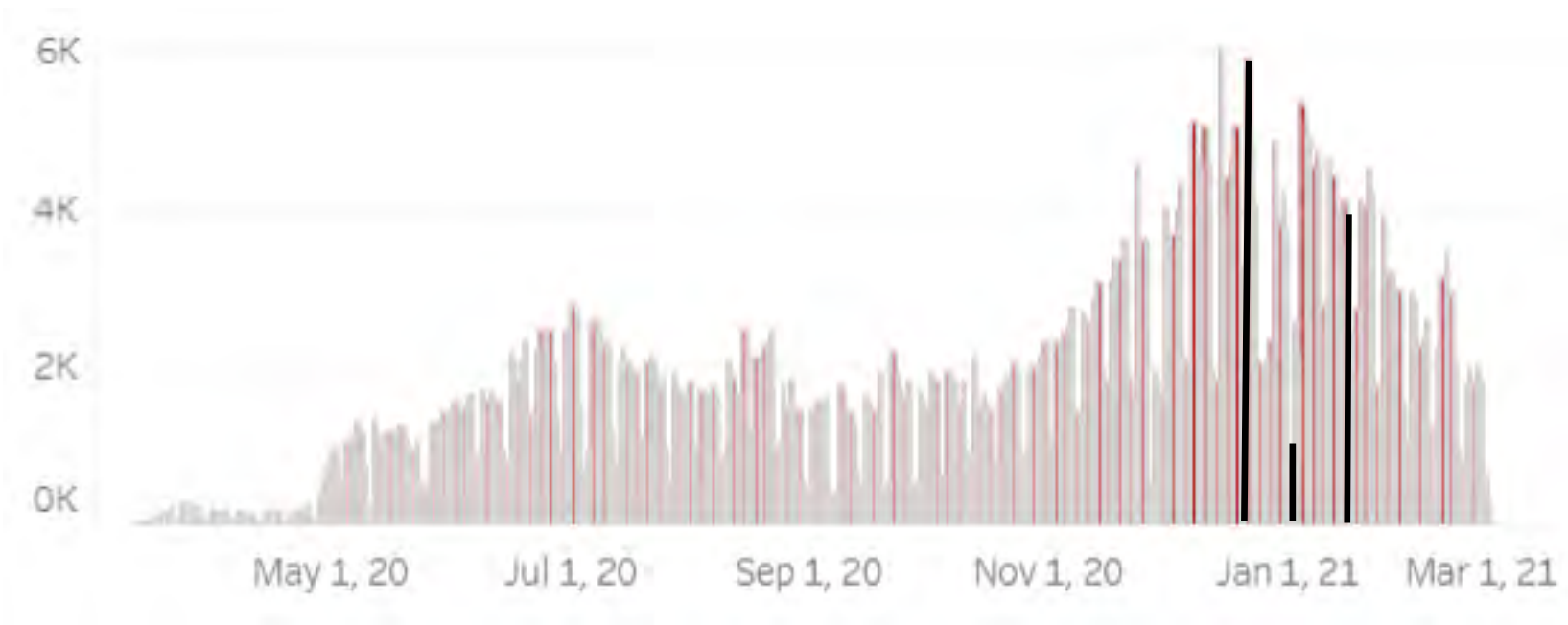


*Illnesses in the last 4-7 days may not be reported yet

Reporting Period	Confirmed COVID-19 Cases
December 21, 2020 to December 31, 2021	12,012
January 1, 2021 to January 14, 2021	15,687
January 15, 2021 to present	16,078
Total	43,777

Pima County

People tested using all tests by date of collection



Reporting Period	Tests by Date of Collection
December 21, 2020 to December 31, 2021	38,307
January 1, 2021 to January 14, 2021	51,770
January 15, 2021 to present	91,063
Total	181,140

ATTACHMENT 5

PCHD COVID-19 Test Management Team Data Management

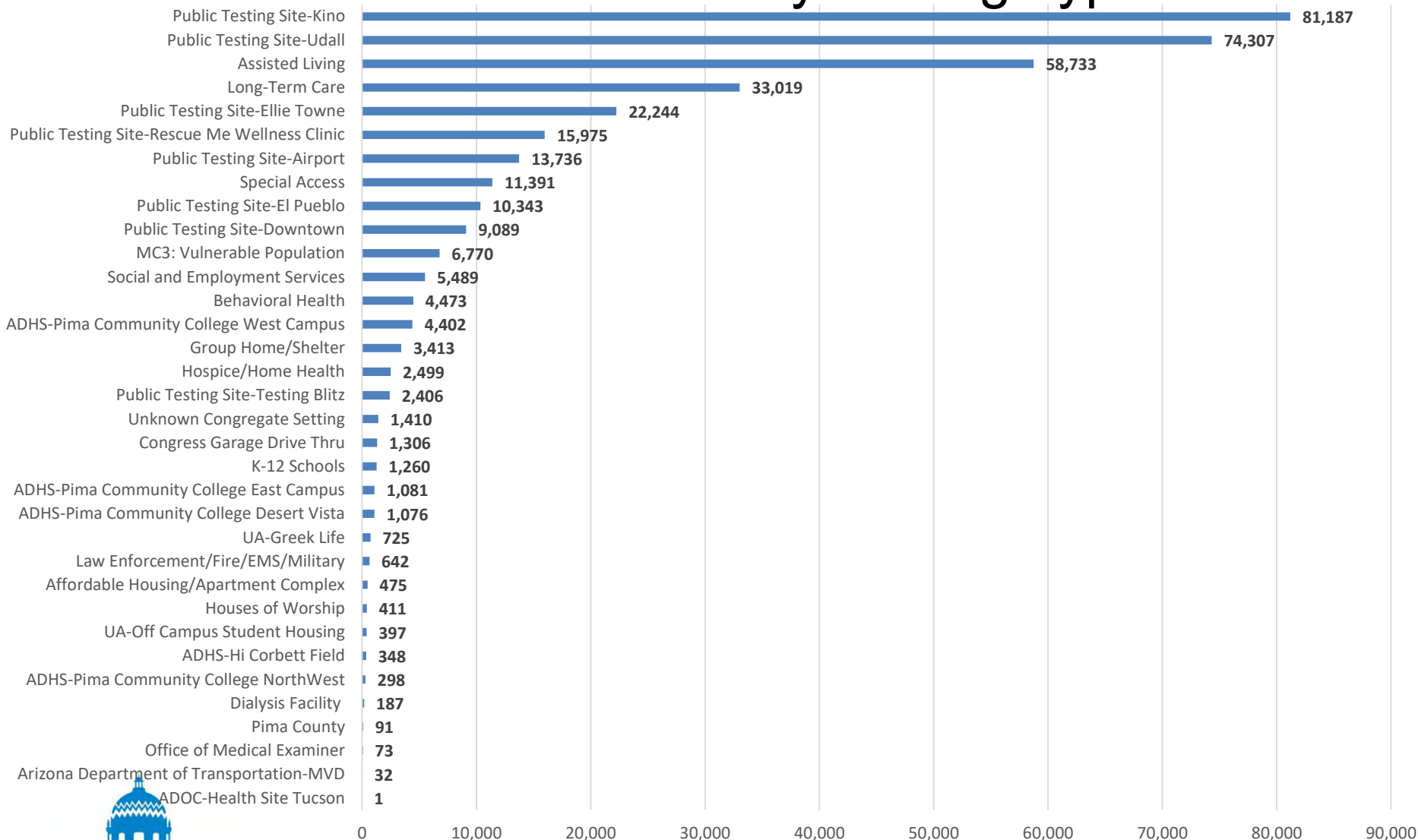
Summary Slides as of February 24, 2021



A Healthy Pima County
Every **one**. Every **where**. Every **day**.

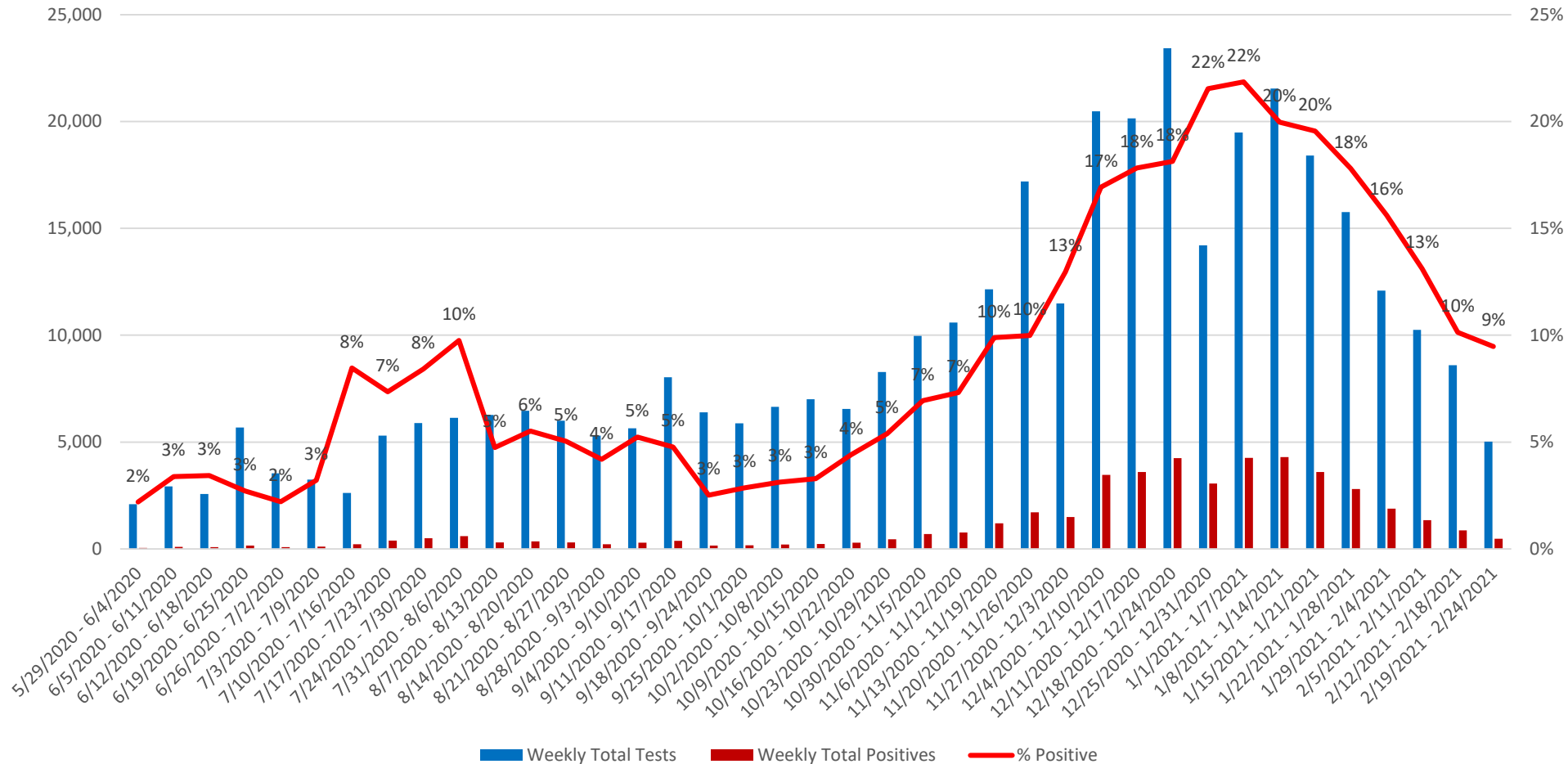
Test Result Volume by Setting Type

Total: 369,289

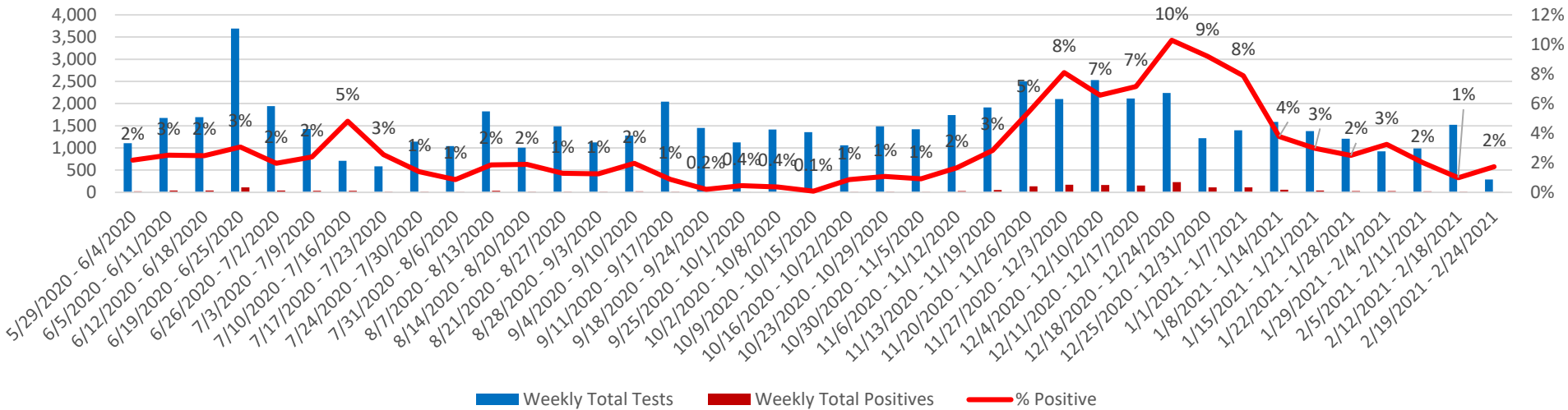


Data cleaning on "Unknown Congregate Setting" is in progress

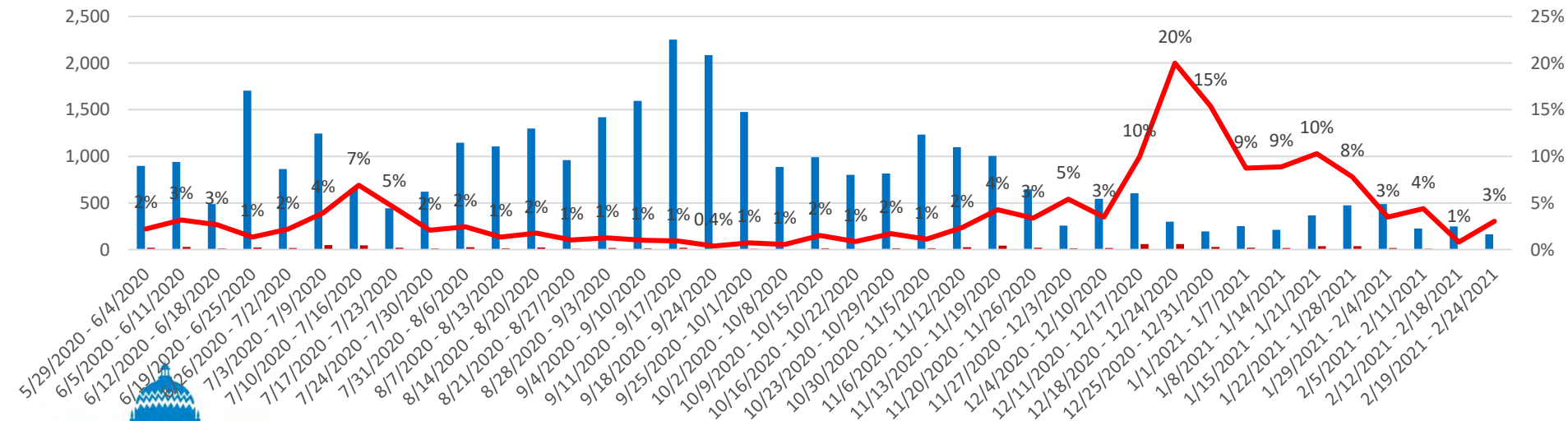
Aggregate Weekly Testing Trend



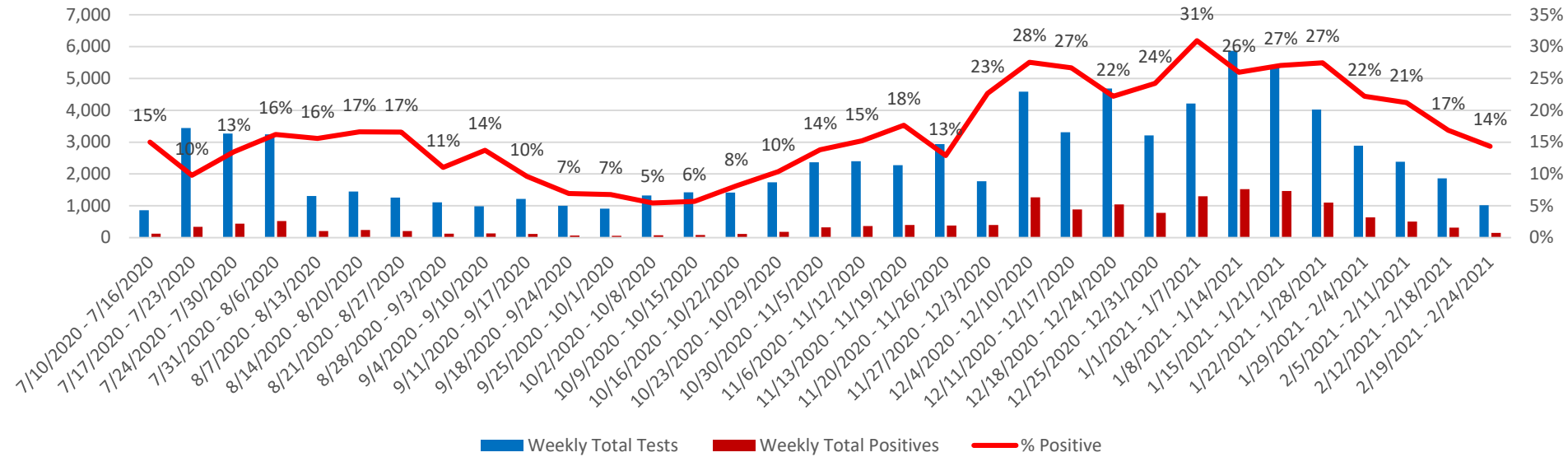
Assisted Living Weekly Trend



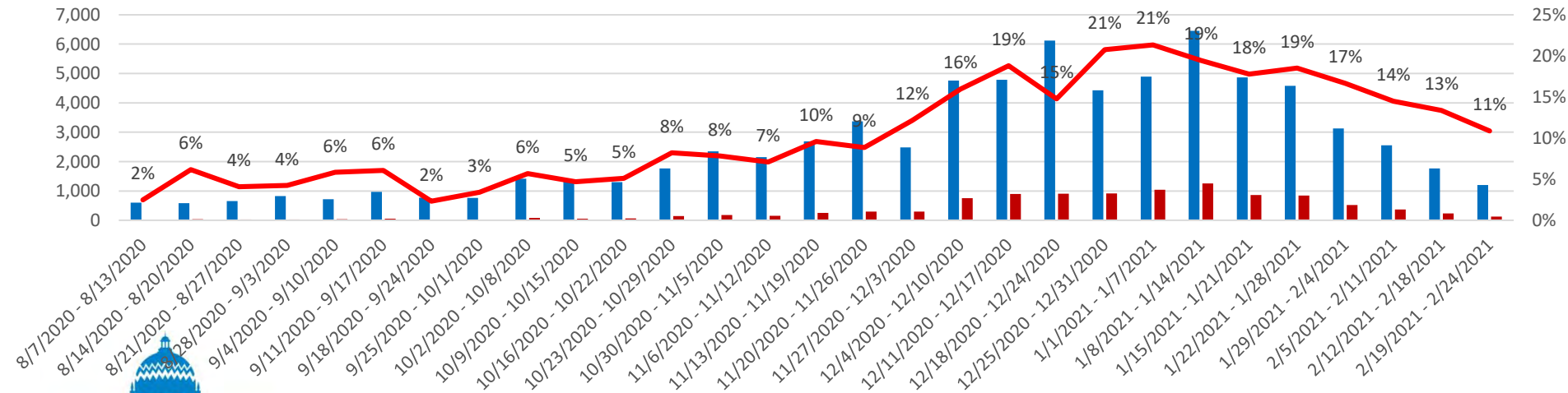
Long-Term Care Weekly Trend



Kino Complex Weekly Trend



Udall Weekly Testing Trend



ATTACHMENT 6

County Responses to COVID – 19 Funding Survey

Haley Nicoll – PHEP Manager – Apache County

Question No. 1

- No

Question No. 2

- The tests that we are currently using are the BINAX Now rapid tests provided by the state. They expire in March 2021, so once they expire, we will be conducting AZ state lab tests. The cost associated with this is the courier fee. Swabs and media have been provided by ADHS.

Question No. 3

- We have not received any new guidance regarding sharing an allocation with the state in the future. If there is the option for test sharing, especially rapid tests, please email hnicoll@co.apache.az.us or ygreer@co.apache.az.us

Alicia Thompson – Health Director – Cochise County

Question No. 1

- Notice of funding for \$1,658,723 to work with community partners to set up POD's in Yavapai County

Question No. 2

- Not Applicable

Question No. 3

- Yavapai County received allocations of Binax-NOW for use by schools, first responders and community partners (to include half-way homes).

Michael O'Driscoll – Director Public Health & Emergency Management – Gila County

Question No. 1

- We have not received much about this funding yet. We know it exists but are told details will soon follow.

Question No. 2

- We have not actively paid for COVID-19 testing. We have providers that provide free testing with the free testing kit we provide. We do not have direct contracts with testing providers.

Question No. 3

- We have received additional quantities of the Binax Rapid tests for distribution to our testing partners.

James Menlove – County Manager – Gila County

Question No. 1

- No

Question No. 2

- We receive ELC funding that provides the money to purchase test kits. ADHS has contracted with TestNow that provides testing sites in Gila County free of charge. We are receiving weekly BinexNow rapid test kits for free. The state has the contracts with ASU and TestNow to provide the testing.

Question No. 3

- AHDS shares the BinexNow rapid test kits with Gila County free of charge.

Maricopa County

No Additional Funding from the state

Denise Burley – Public Health Director – Mohave County

Question No. 1

- No

Question No. 2

- No

Question No. 3

- No

Brian Douglas – Health Department Director – Navajo County

Question No. 1

- Yes

Question No. 2

- No, we do not pay for testing

Question No. 3

- No

Janelle Linn – Acting Health Director – Navajo County

Question No. 1

- No

Question No. 2

- No. We defer all testing to our healthcare partners. Our efforts are strictly focused on surveillance (contact tracing and patient monitoring) and vaccinations. We have however, submitted a throughput plan to ADHS in relation to vaccine dispensing through PODs as part of a request for funding from the \$66 million for vaccine efforts but have received no feedback or indication that funding will be allocated our way.

Question No. 3

- No

Chuck Huckleberry – County Administrator – Pima County

Question No. 1

- Yes

Question No. 2

- Yes, Pima County pays for approximately 65 percent of all COVID testing in the County

Question No. 3

- NO despite a letter from the Chair of the Board and all Mayors in Pima for funding.

Kathy Yancy – Finance & Operations Manager – Yavapai County

Question No. 1

- Notice of funding for \$1,658,723 to work with community partners to set up POD's in Yavapai County

Question No. 2

- Not Applicable

Question No. 3

- Yavapai County received allocations of Binax-NOW for use by schools, first responders and community partners (to include half-way homes).

Question Key

Question No. 1 – Has your county received funding from the state or notice of funding from the state, for vaccination points of dispensing (PODs) that the state will set up within the county?

Question No. 2 – Does your county actively pay for COVID - 19 testing for their residents or individuals within their county? Does your county have direct contracts with COVID - 19 testing contractors? If so, what is the average monthly cost for these tests paid for locally by your county?

Question No. 3 – Has your county been contacted by the state regarding any proposed sharing of the State's allocation for COVID - 19 testing?

ATTACHMENT 7

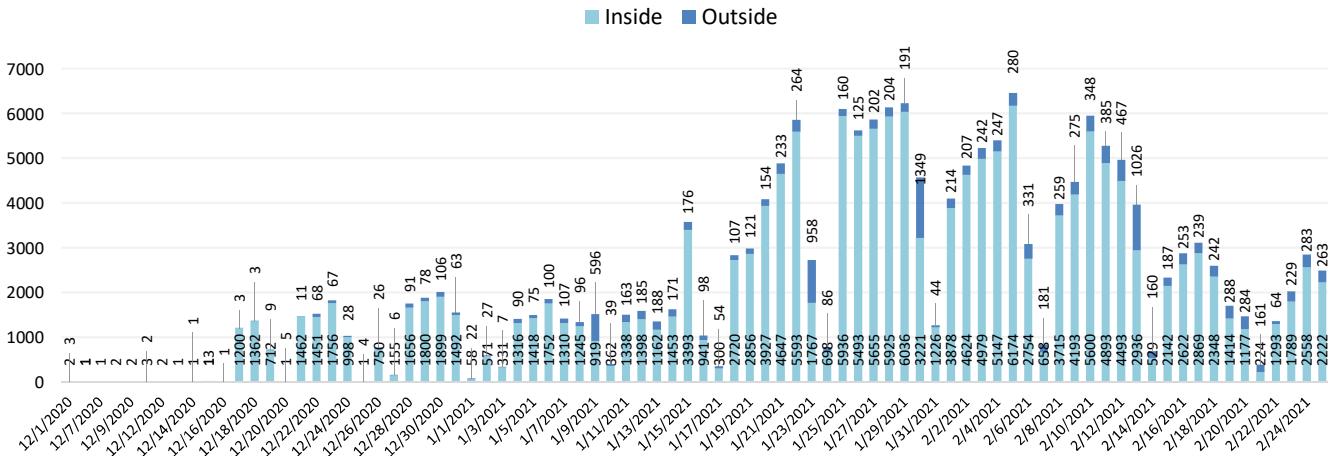
Pima County COVID-19 Vaccination Report

February 26, 2021

Total allocated doses administered to Pima County residents: 245,930

As of February 25, 2021, a total of 181,005 (17.33%) Pima County residents have received their first dose of a COVID-19 vaccine. A total of 166,916 residents were vaccinated by a local provider in Pima County ("inside") and 14,089 residents were vaccinated by a provider outside of the county ("outside"). Note, dates that don't appear in graphs had zero vaccinations.

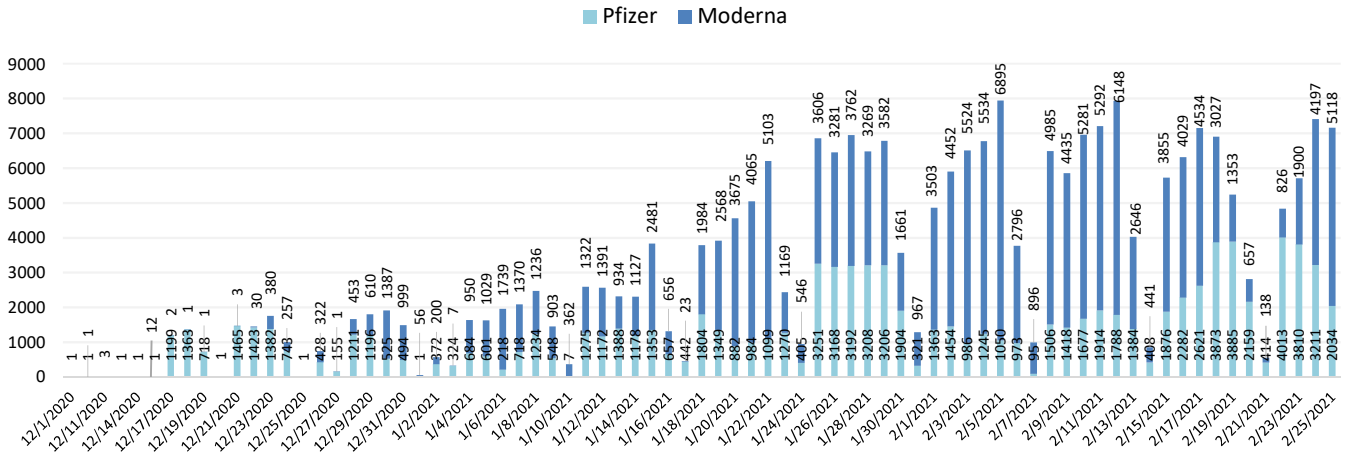
Pima County First Dose Vaccinations by Date and by Location of Service



First Time Vaccinated Residents by Gender and Age Group

	Number vaccinated	% of residents vaccinated	2019 pop. size	% of total pop.
Residents vaccinated	181,005		1,044,675	17%
Gender				
Female	108,914	60%	530,457	51%
Male	71,875	40%	514,218	49%
Unknown	216	0%		
Age group				
0 - 19	978	1%	250,118	24%
20 - 29	15,289	8%	164,060	16%
30 - 39	19,941	11%	122,736	12%
40 - 49	19,774	11%	114,326	11%
50 - 59	20,463	11%	121,325	12%
60 - 69	25,997	14%	128,571	12%
70 - 79	49,974	28%	93,065	9%
80+	28,589	16%	50,474	5%

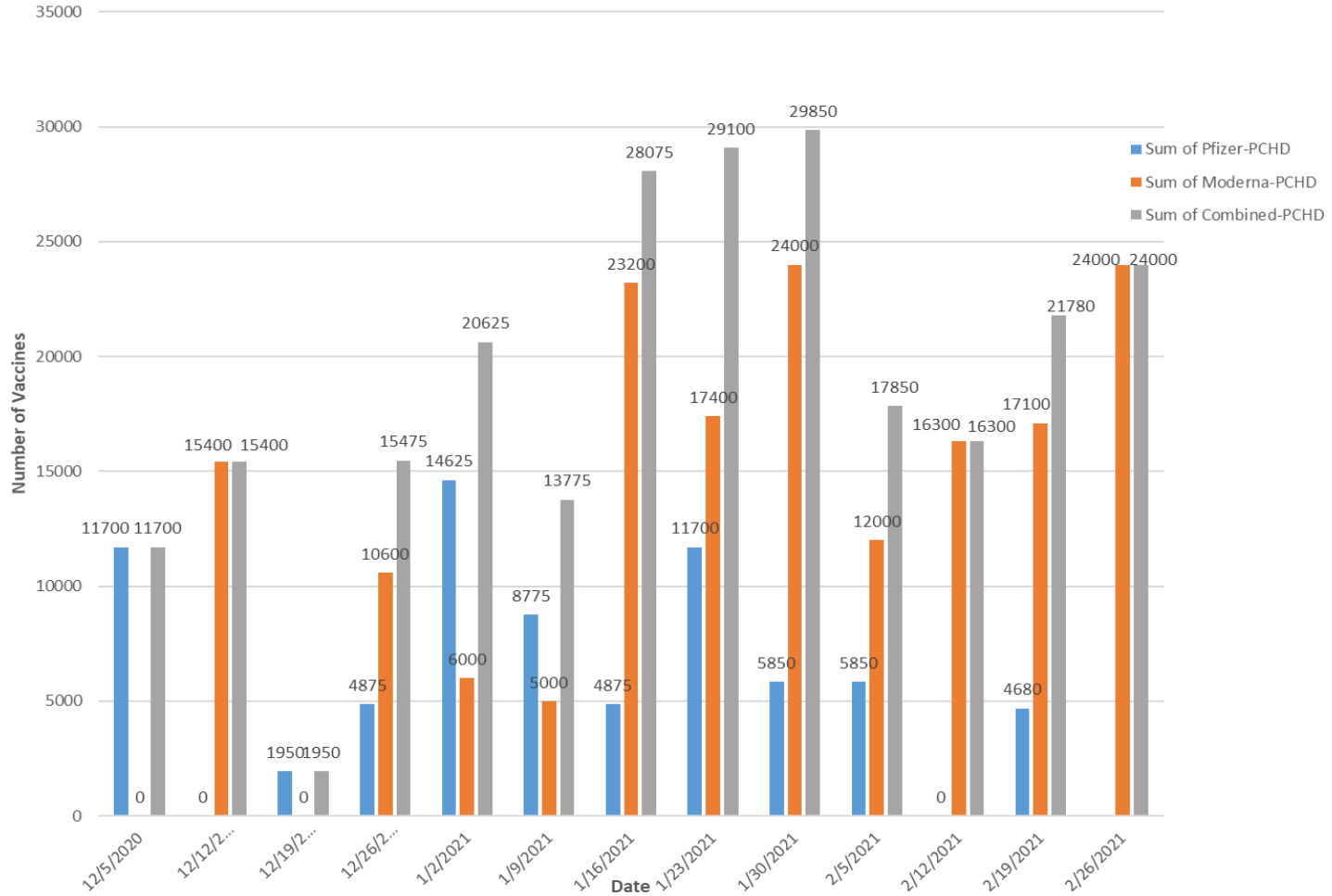
Total Vaccines Administered in Pima County by Manufacturer



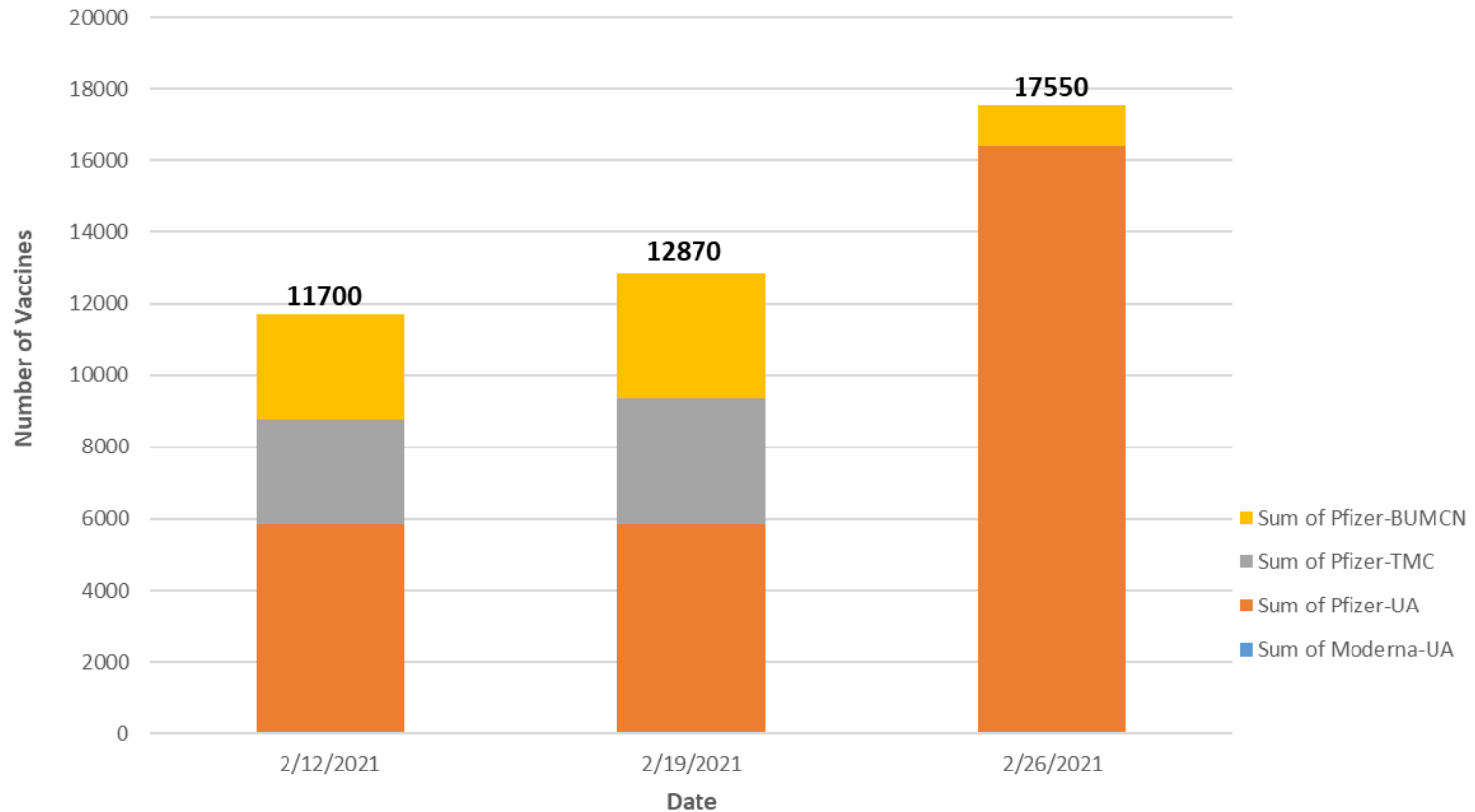
	Number	% administered
Vaccines administered	245,930	100%
Manufacturer		
Pfizer	97,970	40%
Moderna	147,941	60%
Other	19	0%
Dose number administered		
First dose	166,916	68%
Second dose	78,340	32%
Third dose	667	0%

ATTACHMENT 8

Number of Vaccines Allocated by Pima County Health Department from 12/5/20-2/26/21



**Number of Vaccines Allocated by ADHS to PCHD Community Partners from:
2/12/21 -- 2/26/21**



Total Number of Vaccines Allocated by PCHD and ADHS from: 12/5/20-2/26/21

