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## THE COUNCIL

# COMMITTEE REPORT OF THE HUMAN SERVICES Division

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**COMMITTEE ON HEALTH**

*Hon. Mark Levine, Chair*

#### May 28, 2020

**Preconsidered Int. No. 1961-A**  By Council Member Torres

**TITLE:**  A Local Law in relation to public reporting on contact tracing for COVID-19

1. **Introduction**

On May 28, 2020, the Committee on Health, chaired by Council Member Mark Levine, held a hearing on Preconsidered Proposed Int. No. 1961 -A, a Local Law in relation to public reporting on contact tracing for COVID-19, sponsored by Council Member Torres. This legislation was originally heard at a hearing of this Committee on May 15, 2020, at which the Committee received testimony from the Health and Hospitals (H+H), the New York City Department of Health and Mental Hygiene (DOHMH), and other interested parties. On May 28, 2020, the Committee passed this legislation by a vote of six in the affirmative, zero in the negative, and one non-voting.

1. **Background**

Since the novel coronavirus first emerged in Wuhan, China in late 2019,[[1]](#footnote-2) it has spread rapidly around the world. As of May 14, 2020, there have been more than 4,490,959 confirmed COVID-19 cases and more than 301,600 deaths worldwide, including more than 1,441,000 cases and more than 86,000 deaths in Unites States.[[2]](#footnote-3) New York State and New York City have been hit particularly hard by this pandemic, with the virus likely initially entering New York via travelers from Europe.[[3]](#footnote-4) As of May 14, there have been more than 343,000 confirmed cases[[4]](#footnote-5) and more than 22,000 deaths in the State,[[5]](#footnote-6) including more than 186,293 cases and 15,349 confirmed deaths[[6]](#footnote-7) in New York City.[[7]](#footnote-8)

In order to slow the growth of COVID-19 cases in New York, Governor Andrew Cuomo declared a State of Emergency on March 7, and has since issued a series of orders that have closed schools, businesses, and changed the day-to-day lives of millions of New York residents.[[8]](#footnote-9) The goal of these social distancing measures was to slow the spread of coronavirus, and thereby “flatten the curve.”[[9]](#footnote-10) The primary concern for public health authorities in recommending these measures was to ensure that the number of people who required hospitalization was limited as much as possible, to put hospitals in a better position to manage a surge in cases.[[10]](#footnote-11)

In the weeks since these social distancing measures were enacted, the immediate concern regarding hospital capacity has abated as the number of new COVID-19 cases, hospitalizations, and deaths has declined significantly.[[11]](#footnote-12) On May 4, Governor Cuomo announced a phased, regionally-based reopening plan for the state, set to begin on May 15.[[12]](#footnote-13) Under the plan, in order to determine whether a region can loosen restrictions, state and local officials will monitor four core factors. Phased re-openings can only occur in a region if:[[13]](#footnote-14)

* The infection rate is sufficiently low;
* The healthcare system has the capacity to absorb a potential resurgence in new cases;
* Diagnostic testing capacity is sufficiently high to detect and isolate new cases; and
* Robust contact-tracing capacity is in place to help prevent the spread of the virus.

While each of these factors is crucial, public health experts agree that a robust network of “contact tracers” are key to safely reopening the economy.[[14]](#footnote-15)

*Contact Tracing*

According to the Centers for Disease Control and Prevention (CDC), contact tracing involves public health staff working with an individual with a confirmed or suspected infection to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious.[[15]](#footnote-16) Public health staff then warns these exposed individuals, or contacts, of their potential exposure as rapidly and sensitively as possible, while keeping the identity of the infected individual private.[[16]](#footnote-17) Contact tracers also play an educational role by providing contacts with information and guidance to understand their level of risk, what to do if they are feeling unwell or begin to feel unwell, and how they can best isolate themselves to prevent further spread of the virus.[[17]](#footnote-18) Effective contact tracing includes wide scale access to testing as well as timely and complete case reporting by laboratories and medical care providers, and linking these reports to health departments’ case management systems.[[18]](#footnote-19)

Contact tracing has received significant attention because of the COVID-19 pandemic, yet it has been around for many years and was utilized during other outbreaks and pandemics, such as the AIDS epidemic of the 1980’s and 90’s and the 2014 outbreak of Ebola.[[19]](#footnote-20) Contact tracing requires knowledge and skills,[[20]](#footnote-21) and New York State has partnered with the Johns Hopkins Bloomberg School of Public Health and former Mayor Michael Bloomberg (through Bloomberg Philanthropies) to develop a robust tracing program.[[21]](#footnote-22) On May 11, John Hopkins released a contact tracing course online, and applicants in New York City and State will be directed to take this course.[[22]](#footnote-23)

*Contact Tracing: New York City Test and Trace Corps*

On May 8, Mayor Bill de Blasio announced the formation of the New York City Test and Trace Corps (“the Corps”), the City’s “comprehensive plan to test, trace, and treat every case of COVID-19.”[[23]](#footnote-24) The Corps is set to be housed and run under H+H, under the leadership of Dr. Ted Long, Jackie Bray, Dr. Andrew Wallach, Dr. Jay Varma, and Dr. Demetre Daskalakis.[[24]](#footnote-25)

The Corps is set to launch with 1,000 contact tracers by the end of May-June 1,[[25]](#footnote-26) and more than 2,500 contact tracers are expected to be hired by the City by June (ideally focusing on individuals with medical backgrounds), with an eventual goal of adding 5,000-10,000 additional employees to work in a contact tracing call center. The goal is to have 30 contact tracers per 100,000 residents, per current State and Federal guidelines.[[26]](#footnote-27) As part of the transfer of this work from DOHMH to H+H, DOHMH will transfer its 40 experienced contact tracers to H+H.[[27]](#footnote-28) Contact tracers will begin investigating cases, tracing and monitoring contacts, and managing all case data and inquiries by the end of May.[[28]](#footnote-29) The City is preparing hotel rooms for individuals who cannot safely isolate at home.[[29]](#footnote-30) The City will immediately isolate and care for those who test positive for the virus, and then rapidly track, assess, and quarantine anyone they came in contact with who they may have infected.[[30]](#footnote-31)

The Mayor has also stated that they will partner directly with community clinics, with a goal of testing 20,000 people per day by May 25, and expanding testing capacity and setting up additional community testing sites outside of the traditional clinic and hospital settings (so as not to burden the healthcare system) across the City.[[31]](#footnote-32) The Corp will aim to test 50,000 people per day by August 1.[[32]](#footnote-33) These sites will also aim to support communities hit hardest by COVID-19.[[33]](#footnote-34) The Corp will also ensure that individuals that are required to quarantine or isolate as part of these efforts will have access to a hotel or hospital, meals, clean clothing, medical refills, laundry, groceries, pet services, or other wraparound services as needed.[[34]](#footnote-35) The City will also utilize telemedicine to perform remote medical checks on those in isolation and quarantine, and to evaluate individuals with symptoms to determine whether testing is appropriate.[[35]](#footnote-36)

As of May 12, the City announced that the first 535 contact tracers completed their 5-hour contact training from Johns Hopkins University.[[36]](#footnote-37) The Mayor also announced a partnership with Salesforce to build out a system to test, trace, and contact New Yorkers.[[37]](#footnote-38) Salesforce is a company that specializes in customer relationship management, and brings companies and customers together through one integrated platform.[[38]](#footnote-39)

*Contact Tracing: Other Countries’ Approaches*

Contact tracing has been a part of the approach to contain COVID-19 in reopening plans around the world, though different countries have varied in their exact approach. In Wuhan, China, a city of 11 million, 1,800 contact investigator teams of five people each were required before the city reopened (which translates to approximate 1 tracer for each 1,200 people).[[39]](#footnote-40) Using the same model, the United States would need around 300,000 tracers, and that New York City would need over 5,500 tracers. Other countries, such as Denmark, China, Japan, Taiwan, Singapore, and Australia, are utilizing Bluetooth-based apps to identify and connect with individuals if they have been in contact with an infected individual.[[40]](#footnote-41) Some countries and cities, like Hong Kong, are using technology in even more restrictive ways, such as mandatory electronic wristbands that alert authorities when people under mandatory quarantine leave their homes.[[41]](#footnote-42)

*Contact Tracing: Potential Concerns*

For contact tracing to be effective, contact tracers must be culturally inclusive and connected to the City’s diverse and different communities, and there must also be public buy-in. The pandemic has highlighted inequities that have long persisted in our society, including racial, socioeconomic, and religious inequities, which impact the health and financial stability of many communities. Data shows that COVID-19 has disproportionately impacted lower income communities and New Yorkers who are Black and Latinx, and Black and Latinx New Yorkers are two times more likely to die from COVID-19 than their white counterparts.[[42]](#footnote-43) Additionally, those who are older are at higher risk, with numerous disturbing reports about high rates of nursing home cases and deaths.[[43]](#footnote-44) As of May 13, there were 1,173 confirmed COVID deaths at nursing homes in New York City, with 1,815 probable deaths.[[44]](#footnote-45) Although DOHMH has not released data to illustrate the impact on all communities, we know that individuals who are undocumented, disabled, experiencing homelessness, incarcerated, and the Orthodox Jewish community have also been greatly impacted by the pandemic.[[45]](#footnote-46) The communities hardest hit by the pandemic must be involved in the test and trace efforts, including in the City’s communication strategies and recruitment practices.

According to Resolve to Save Lives, an initiative of Vital Strategies led by the former head of the CDC and DOHMH, Dr. Tom Frieden, communication with the public is one of the key factors in a successful test and trace program.[[46]](#footnote-47) A contact tracing program should be transparent, provide accurate and timely information to all residents, and should reassure residents about their concerns and safety.[[47]](#footnote-48) Communication efforts should be partnered with community members, such as religious and ethnic group leaders, community leaders, business leaders, teachers, and trusted public officials, and should allow for feedback from communities to ensure their effectiveness.[[48]](#footnote-49) Communications should also be translated and available in appropriate languages.[[49]](#footnote-50)

In a recent press release, Mayor de Blasio and his administration connected the newly founded Racial Inclusion and Equity Task Force to their recovery efforts, stating that the “task force is comprised of officials from across the Administration to engage hardest-hit communities, monitor response and recovery efforts in those neighborhoods, and work with City officials and agencies to narrow long-standing racial and economic disparities.”[[50]](#footnote-51) The job application to be a contact tracer in New York City incorporates an equity lens, stating that it requires applicants to have the “ability to understand the concepts of institutional and structural racism and bias and their impact on underserved and underrepresented communities,” as well as a commitment to supporting communities traditionally oppressed by society and the ability to interact with individuals from diverse backgrounds.[[51]](#footnote-52) The Committees look forward to learning more about the City’s hiring practices, including the demographics of those hired and efforts to ensure recruitment is equitable, collaborative, representative, and targeted towards all communities disproportionately impacted by the pandemic (Black and Latinx New Yorkers, and individuals who are experiencing homelessness, lower income, involved in the criminal justice system, disabled, older, Orthodox Jewish and/or undocumented), as well as individuals who are out of work.

Another potential issue with New York City’s contact tracing program is the public’s willingness to comply. Contact tracing relies on the public’s willingness to come forward if they feel ill, get tested, and disclose information about who they have come in contact with.[[52]](#footnote-53) The public must feel confident doing so, as well as confident and trusting in the services they may need in order to comply with isolation and quarantine.[[53]](#footnote-54) Adding the use of technology into the mix also complicates things. According to one survey of nearly one thousand U.S. adults, approximately half of respondents would not use a cell phone-based tracing system established by the CDC and public health officials.[[54]](#footnote-55) The likelihood gets even worse for programs created by other entities, with those least likely to use a system developed by the Federal Government, with 68 percent of respondents stating that they would not at all or not very likely use such a program. Many are suspicious and cautious to share sensitive information, and the issue seems to have become partisan, with Democrats seeming more open than Republicans to the notion of opt-in reporting.[[55]](#footnote-56) This level of trust and compliance is a point of concern, and must be addressed by the City’s program.

1. **Analysis of Preconsidered Int. No.       -A**

This legislation would require DOHMH, or another agency designated by the Mayor, to ensure a report providing details of the program is posted online and updated daily. This report would include data on: (i) the number of employees hired by the contact tracing program, disaggregated by languages spoken and zip code of residence, (ii) the number of people identified to the program as having tested positive for currently having COVID-19, (ii) the number of people identified by the program who may have had contact with a person who tested positive for currently having COVID-19, and (iv) the number of those individuals the program successfully contacted, disaggregated by zip code, race, ethnicity, gender age range, COVID-19 symptoms present in the last 14 days, and whether such persons were referred to wraparound services.

The legislation would also require DOHMH, or another agency designated by the Mayor to ensure a report on comorbidities and occupation is posted online and updated weekly.

This legislation would take effect immediately, provided that: (i) the daily reports required by this law would be due no earlier than June 22, 2020; and (ii) the requirement to update the required reporting on a daily or weekly basis would expire one year after it takes effect.

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| Preconsidered Int. No. 1961-A    By Council Member Torres    A Local Law in relation to public reporting on contact tracing for COVID-19    Be it enacted by the Council as follows:    Section 1. a. Definitions. For the purposes of this section, the following terms have the following meanings:  Age range. The term “age range” means the following age categories: 0 to 17 years old; 18 to 44 years old; 45 to 64 years old; 65 to 74 years old; and 75 years or older.  Comorbidity. The term “comorbidity” means the following disease categories: (i) respiratory disease; (ii) cardiovascular disease; (iii) diabetes; and (iv) other reported health conditions.  Contact tracing. The term “contact tracing” means the process of identifying individuals who may have had contact with a person who has tested positive for COVID-19, and consequently educating, testing, quarantining, or monitoring such identified individuals for the purpose of containing transmission of such disease.  COVID-19. The term “COVID-19” means the disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).  Department. The term “department” means the department of health and mental hygiene.  Occupational setting. The term “occupational setting” means one of the following categories: (i) healthcare setting; (ii) congregate setting; and (iii) other setting.  Program. The term “program” refers to any COVID-19 contact tracing program established at the direction or request of the mayor.  Wraparound services. The term “wraparound services” means any services to facilitate quarantine or isolation, including, but not limited to, hotel accommodations or other shelter, food or grocery provision, and medical referrals.  b. Contact tracing reporting. The department or another agency designated by the mayor shall cause the information described in this subdivision to be posted conspicuously on the city’s website. Such reports shall begin one week after the effective date of this local law and be updated weekly thereafter, until such time as is practicable for the department or another agency designated by the mayor to cause such information to be posted on a daily basis, provided that such daily reporting shall begin no later than six weeks after the effective date of this local law. Information reported on a daily basis shall be as up-to-date as practicable.  In causing such reports to be posted, the department or another agency designated by the mayor may seek the assistance of the health and hospitals corporation. Such reports shall include:  1. The number of persons employed or contracted by the program to conduct contact tracing, disaggregated by languages spoken and zip code of residence;  2. The number of persons identified to the program who have tested positive for currently having COVID-19 by molecular testing, disaggregated by zip code, race, ethnicity, gender, age range, COVID-19 symptoms present in the last 14 days, to the extent available, and whether such persons were referred to wraparound services;  3. The number of individuals identified by the program who may have had contact with a person who has tested positive for currently having COVID-19 by molecular testing, disaggregated by zip code, race, ethnicity, gender, age range, whether they tested positive for currently having COVID-19 or experienced COVID-19 symptoms within the last 14 days, to the extent available, and whether such individuals were referred to wraparound services; and  4. The number of individuals identified by the program who may have had contact with a person who has tested positive for currently having COVID-19 that the program attempted to contact and the number of such individuals who were successfully contacted.  c. Comorbidity and occupational setting contact tracing reporting. The department or another agency designated by the mayor shall cause the information described in this subdivision to be posted conspicuously on the city’s website. Such reports shall begin two weeks after the effective date of this local law and be updated weekly thereafter. In causing such reports to be posted, the department or another agency designated by the mayor may seek the assistance of the health and hospitals corporation. Such reports shall include:  1. The number of persons identified to the program who have tested positive for currently having COVID-19 by molecular testing, disaggregated by occupational setting and comorbidity, to the extent available; and  2. The number of individuals identified by the program who may have had contact with a person who has tested positive for currently having COVID-19 by molecular testing, disaggregated by occupational setting and comorbidity, to the extent available.  d. Privacy. Reports required pursuant to this section shall not contain identifying information as defined in section 23-1201 of the administrative code of the city of New York. If a category to be reported contains fewer than five individuals or contains an amount that would allow another category that contains fewer than five individuals to be deduced, the number shall be replaced with a symbol.  e. The data required to be reported by subdivisions b and c of this section shall be archived in a machine-readable table available on the city’s website.  § 2. This local law takes effect immediately, provided that: (i) the first report required by section one of this local law shall be due no earlier than June 22, 2020; and (ii) subdivisions b and c of section one of this local law shall expire one year after it takes effect.      AM/SIL/ZH  LS #14659  5/20/20 7:30 pm |

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