

## ***Keep Maryland's Testing Labs Ready for Future Pandemics***

Testimony of Jonathan Cohen\*  
SB 840 COVID-19 Response Act of 2022  
Senate Finance Committee  
March 2, 2022

I am Jonathan Cohen, President & CEO of 20/20 GeneSystems in Gaithersburg. Since the start of the pandemic our clinical lab has conducted nearly a quarter million PCR tests for Marylanders. We have contracts with both the Montgomery County Department of Health and the Maryland Department of Health and conduct testing at schools in Montgomery, Charles, Dorchester, St. Mary's, Caroline, and Wicomico Counties.

I am here this afternoon to recommend an amendment to the SB 840 (see bottom) that would help testing labs maintain readiness for future variants or pandemics.

With Omicron fading across the country, demand for Covid testing is falling too. Clinical laboratories that rushed to respond to the pandemic, to get their COVID-19 testing up and running, to scale-up to meet demand, are left wondering, "what should we do with our excess capacity?" We should think twice before we let it fade.

Before COVID hit the US, many labs did not have the tools and infrastructure the nation needed to respond to the pandemic. Many small- and medium-sized businesses invested hundreds of thousands of dollars in state-of-the-art automation, robotics, and software systems while recruiting and training skilled personnel to run tests and meet 12–24-hour turnaround demands.

What should labs do with this testing infrastructure that may soon be gathering dust? Without coordination and support from government, many of these laboratories will have to make the rational decision to sell unused equipment and decrease capacity—leaving the nation unprepared for new variants or future pandemics.

Today's clinical laboratory infrastructure is almost unrecognizable from what existed in the first weeks of the pandemic. South Korea quickly scaled to 20,000 tests per day just a few weeks after their first confirmed COVID-19 infection. But it took the US four months to reach this per capita equivalent of 130,000 tests per day. We know that more testing earlier in the pandemic would have changed the course of our early response and saved lives.

While stockpiling may be appropriate for certain medical supplies and countermeasures such as therapeutics, it doesn't work for sophisticated high-throughput laboratory platforms that require ongoing maintenance, tuning, and upkeep nor does it address the need to quickly recruit and train skilled lab testing personnel.

Maryland should establish and maintain a "Clinical Laboratory Ready Reserve" to guard against atrophy and ensure that there is national capacity to ramp up a coordinated lab testing response quickly after a new infectious disease outbreak or bioterror attack. The lab reserve would be a state supported network of Maryland based diagnostic labs participating on a voluntary basis.

---

\* Jonathan Cohen is CEO of 20/20 GeneSystems, Inc. a Gaithersburg, MD based clinical lab that has conducted nearly a quarter-million PCR tests for Marylanders since the start of the pandemic. He can be reached at [jcohen@2020gene.com](mailto:jcohen@2020gene.com)  
240-453-6343

Reserve labs would be incentivized to maintain “in reserve” excess testing equipment and to keep their personnel up to date and trained to respond to new outbreaks. This model is in line with ideas offered by experts, including former FDA Commissioner Scott Gottlieb, who have suggested that the government offer subsidies to community labs that maintain, in good operating condition, more testing capacity than they need to meet current demands. It is supported by the National Independent Laboratory Association.

Creating a reserve network of well-prepared clinical labs will help ensure that we are not again caught flat footed and blind to the next pandemic.

#####

*Proposed Amendment to SB 840:*

One page 6, after line 17 insert:

- (6) A PLAN TO INCENTIVIZE AND REMUNERATE CLIA LICENSED LABORATORIES LOCATED IN THE STATE TO MAINTAIN IN RESERVE THE RESOURCES REQUIRED TO RAPIDLY SCALE UP TESTING IF NEEDED IN RESPONSE TO NEW COVID-19 VARIANTS, PANDEMICS, DISEASE OUTBREAKS OR BIOTERRORISM ATTACKS IN THE STATE INCLUDING, WITHOUT LIMITATION,**
- (I) LABORATORY TESTING EQUIPMENT AND FACILITIES, AND**
  - (II) LABORATORY PERSONNEL, WHETHER FULL TIME, PART-TIME, OR ON-CALL, WHO PERIODICALLY TRAIN, PRACTICE, AND DRILL TO RAPIDLY RESPOND TO EMERGENCIES REQUIRING A SURGE IN CLINICAL LABORATORY TESTING**