

## Model Hospital Policy for Fair Allocation of Medications to Treat COVID-19

### Executive Summary

**Introduction:** The purpose of this document is to provide ethical guidance for the allocation of medications to treat COVID-19 in the event that need outstrips supply during the pandemic. These allocation recommendations should be implemented only if: 1) the supply of the medication is, or will soon be, insufficient to treat all patients, even after taking all appropriate steps to increase the supply; and 2) a regional authority has declared a public health emergency. This document describes 1) the creation of allocation teams to ensure consistent decision making and 2) allocation criteria for scarce medications to treat COVID-19.

**Ethical Framework:** This allocation framework is grounded in ethical obligations that include the duty to care, the duty to steward scarce resources to promote the public's health, and the duty to address health disparities. The development process included engagement with ethicists, community members, disaster medicine experts, and diversity and inclusion experts.

**Section 1. Creation of allocation teams:** Patients' treating clinicians should not decide which patients should receive scarce medications. Instead, each hospital or health system should create an allocation team to implement the allocation framework described in section 2. Ideally, a respected clinical leader in the hospital should lead the allocation team, with assistance from the following key stakeholders and experts: infectious disease specialists, critical care and hospitalist medicine specialists, nurses, pharmacists, ethics committee members, and diversity and inclusion representatives. The allocation team should not have access to information, such as patients' names or family backgrounds, that are not relevant to fairly applying the allocation framework.

The rationale for having an allocation team rather than treating clinicians make allocation decisions is to reduce bias, avoid conflicts of commitment, and minimize moral distress. The allocation team should have expertise in implementing the allocation framework, communicating difficult news, avoiding bias, and addressing health disparities. The allocation team leader or his/her designee should collaborate with patients' treating physicians to disclose allocation decisions to patients and families.

**Section 2. Allocation framework for scarce COVID-19 medications:** This allocation framework is designed to incorporate the ethical goals of achieving medical benefit for communities, ensuring meaningful access and individualized assessments for all patients, avoiding discrimination, and mitigating disparities in outcomes due to social inequalities.

Patients should be eligible to receive the scarce medication only if they meet the clinical eligibility criteria of peer-reviewed RCTs that demonstrated its safety and efficacy. For example, if the medication only has established efficacy for severe COVID-19 disease, the medication should be reserved for patients with severe disease. A physician should individually assess each patient to determine eligibility.

If there is insufficient supply to treat all eligible patients, a weighted lottery or categorical reserve system should be used to fairly allocate the drug supply. The following groups will receive heightened priority: 1) individuals from hard-hit areas, defined as residing at an address with an Area Deprivation Index score of 8 to 10 (range 1-10; with higher numbers meaning worse deprivation); and 2) essential workers, defined by the Commonwealth of Pennsylvania list of essential businesses that are required to continue physical operations during the pandemic. Individuals expected to die within a year from an end-stage condition should not be excluded from access, but should receive lower priority than individuals who do not have an end-stage condition.

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