

# Researcher proposes national program to support individuals with long COVID

September 16 2022

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While the COVID-19 pandemic wanes, the U.S. continues to face a national health challenge—the effective and equitable care of individuals with Long COVID. While the federal government is responding to this

condition, few of their undertakings directly address clinical care and the potential of disability compensation. To ensure the effective and equitable care for millions of affected individuals, a Boston University School of Medicine (BUSM) researcher is urging the U.S. to commit to creating a National Long COVID Compensation Program (NLCCP).

"It will likely take years to understand the pathophysiology of this disorder, refine objective diagnostic criteria, and develop effective treatments. Many treatments will be tried, some based in biology, others offered by for-profit entities, with limited scientific basis. During this time it will be difficult for individuals to sort fact from fiction and those with financial means will pay for treatments, regardless of documented effectiveness," says Howard C. Bauchner, MD, professor of pediatrics at BUSM.

The CDC estimates that 150 million people in the U.S. have had symptomatic COVID-19 illness. There are additional estimates that as many as 50 percent of people who have had COVID-19 still report symptoms four months following infection. If just five percent ultimately fulfill criteria for Long COVID, 7.5 million individuals would be affected in the U.S. In comparison, each year in the U.S., approximately 1.8 million individuals are diagnosed with cancer and 1.5 million with diabetes.

According to Bauchner, as more contagious variants emerge and objective diagnostic criteria for Long COVID are developed, the number of patients in need of care is expected to change. "Patients with the disease will have mild symptoms to substantial disability and it will be very difficult, particularly in individuals with diseases such as diabetes, or chronic pulmonary or [cardiovascular disease](#), to separate the symptoms of Long COVID from those symptoms that evolve with other diseases," he adds.

In the face of this daunting challenge, Bauchner believes that the U.S. should look to the example of the National Vaccine Injury Compensation Program, which was created in 1986 to ensure a stable supply of vaccines, protect vaccine manufactures from liability claims and fairly compensate individuals who had very rare medical consequences associated with vaccines.

"With this model in mind, I recommend that the U.S. create the NLCCP in which several entities could contribute to such a fund, including pharmaceutical and other companies that have reaped substantial profit since the pandemic began; and health and disability insurers, who would benefit from such a program," he says.

While Bauchner admits that such a national program would face challenges, going without one may likely result in individuals not receiving the care they need, disparities in care will inevitably develop, patients will be exposed to ineffective treatments, and staggering costs will be passed on to employers and state and [federal governments](#). "Only a coordinated, national program, could ensure an effective and equitable system of care for patients with Long COVID."

This opinion appears online in the journal *Health Affairs*.

**More information:** Howard C. Bauchner et al, It's Time To Create A National Long COVID Compensation Program, *Health Affairs* (2022). [DOI: 10.1377/forefront.20220914.188014](https://doi.org/10.1377/forefront.20220914.188014)

Provided by Boston University School of Medicine

Citation: Researcher proposes national program to support individuals with long COVID (2022, September 16) retrieved 25 May 2024 from <https://medicalxpress.com/news/2022-09-national->

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