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NASEM Allocation Principles

- Maximum benefit
- Mitigation of health inequities
- Equal concern

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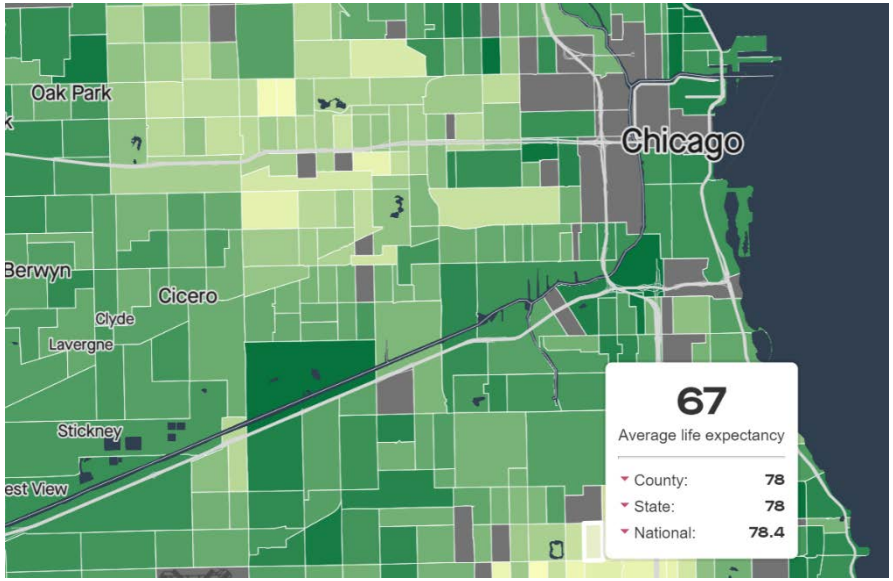
Current micro-allocation proposals

- Narrow existing EUA criteria (age, BMI, # comorbidities, specific risk factors) OR add new criteria (sex, others)
  - *Goal: Maximum benefit*
  - *Problem: Lack of evidence*
  - *Problem: May not mitigate/may exacerbate inequity*



- Lottery
  - *Problem: Doesn't provide maximum benefit OR actively mitigate inequity*

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Applying NASEM principles/groups

- 1A – (urgently scarce) health workers
  - Maximizes benefit and mitigates inequities indirectly
- 1B/2—other essential workers
- SVI
  - Mitigates inequities directly

Implementation

- Reserve system (Pathak, Sonmez, Unver et al.)
  - 50% 1A priority, 25% 1B priority, 25% SVI priority
  - Could add a general-population (open) category

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Macro issues

- Connect unaffiliated patients with infusion centers
- Avoid interfering with ongoing/proposed trials
- Allocate to jurisdictions/centers by need, not population
- Jurisdictions can have different systems—these are ethical questions with many reasonable answers

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