THE ECONOMIC BURDEN OF LONG COVID

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OUTLINE

1. Prevalence
2. Costs to individuals and families
3. Aggregate costs
4. Policy choices that influence costs
OVERALL PREVALENCE AND ACTIVITY LIMITATION

Currently Experiencing LC: 6.40%
Any Limitations: 5.40%
Significant Limitations: 1.60%

17.5M US adults experiencing Long Covid, 4.1M with “significant” activity limitations
PREVALENCE OF LONG COVID BY AGE

Total  18-29  30-39  40-49  50-59  60-69  70-79  80+
0%  2%  4%  6%  8%  10%  12%
PREVALENCE OF LONG COVID BY EDUCATION

- Total < High School
- High School / GED
- Some College / Associate
- BA or higher
COSTS TO INDIVIDUALS AND FAMILIES

• Income may decline...
  • UK’s ONS: working-age LC patients 45% and 34% more likely to be out of work 30-39 or 40-51 weeks post-Covid vs pre-infection
  • Small longitudinal US analysis: 26% of LC patients had employment or work hours affected
  • US HHS points to decreased financial stability, increased risk of homelessness
• Just as health costs rise
  • ME/CFS proxy: ~$9,000 / yr in additional spending
  • Barriers: lack of insurance (incl with job loss), insurance not covering tests / treatment
• Where caregivers are impacted, families incur additional (non-LC) care costs

https://www.minneapolisfed.org/research/institute-working-papers/long-haulers-and-labor-market-outcomes
https://jamanetwork.com/journals/jama-health-forum/fullarticle/2792505
NET EFFECT ON EMPLOYMENT

• 500,000-750,000 people out of labor force (conditional on being COVID-related work absence)
• Additional reduction in hours among those still employed

• Current Population Survey

LABOR MARKET IMPACT

4.1M limited a lot
62% LFPR
25% reduction in hours

Would =
0.6M FT equiv.

Likely range ~ (500,000-2M)
AGGREGATE COSTS OF LONG COVID

<table>
<thead>
<tr>
<th>Area</th>
<th>Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health loss</td>
<td>Welfare loss from reduced health</td>
</tr>
<tr>
<td>Earnings loss</td>
<td>Fewer people at work; people working earn less</td>
</tr>
<tr>
<td>Health spending</td>
<td>More money spent on treating people</td>
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</tbody>
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Note: Things like DI receipt, workers compensation, etc. are transfers, not net reductions in welfare.
Total cost = $3.8 trillion, $11,000 per person, 17% of GDP.

Note: Part of the shortage of low wage workers in the economy may be because some of these workers are out with long COVID.

There are other reasons as well, including immigration and saved COVID stimulus $s.
IMPLICATIONS – PUBLIC POLICY

• We desperately need to know more.
  • NIH was allocated $1B for long COVID research, but it has been very slow going

• The strain on SSDI could be large.
  • But, so far there has been no increase in SSDI enrollment or applications
  • Quite anomalous
IMPLICATIONS – EMPLOYERS

• Will need to make accommodations for workers with long COVID
  ▪ Telework
  ▪ Flexibility on working hours / deadlines
  ▪ More frequent breaks
  ▪ Stand → sit
  ▪ “Brain fog”-related prompts (e.g., fast casual recipes, checklists…)
• ...But not all jobs are easily amenable to accommodations
IMPLICATIONS – CLINICIANS

- Few clinicians have experience with ME/CFS (most closely related to LC)
- Anecdotally (from clinicians), there are treatments that help some LC patients (MCAS, POTS, and more) – but no good studies
- Need LC-literate PCPs & specialists that take insurance