

# **Federal National Policy Proposal to Improve the Lives of Individuals Affected by Long COVID**

## **Executive Summary:**

The COVID-19 pandemic, while largely mitigated by vaccines and public health interventions, has left a substantial number of individuals with lingering health complications known as Long COVID (Post-Acute Sequelae of SARS-CoV-2 Infection or PASC). Long COVID affects millions of Americans, contributing to physical, mental, and socioeconomic hardships. This policy paper proposes a comprehensive federal national strategy to improve the lives of people with Long COVID through coordinated healthcare access, research funding, social support, and labor protections.

## **Problem Statement:**

Long COVID is characterized by a wide array of persistent symptoms, including fatigue, cognitive dysfunction, respiratory issues, and cardiovascular complications, which last for weeks, months, or even years after the acute phase of the infection has resolved. Research indicates that Long COVID disproportionately affects women, racial minorities, and low-income individuals, further exacerbating existing health inequities. The current healthcare system lacks the capacity to adequately address these challenges, and there is a pressing need for policy reforms to support affected individuals.

## **Objectives:**

1. **Ensure equitable access to healthcare and treatment for Long COVID patients.**
2. **Promote and fund research to better understand and treat Long COVID.**
3. **Provide financial and labor support to affected individuals.**
4. **Raise public awareness and reduce stigma associated with Long COVID.**

## **Policy Recommendations:**

### **1. Equitable Healthcare Access for Long COVID Patients**

- **Expand Long COVID Clinics:** The federal government should invest in the expansion of specialized Long COVID clinics across the country, especially in underserved and rural areas. These clinics will provide multidisciplinary care, including primary care physicians, specialists (neurologists, pulmonologists, cardiologists), mental health professionals, and rehabilitation services.
- **Medicare/Medicaid Coverage for Long COVID Treatments:** Long COVID should be formally recognized as a chronic condition, and treatments and management strategies should be fully covered under Medicare, Medicaid, and private insurance plans. This



should include coverage for physical therapy, mental health services, occupational therapy, and medications that have proven effective for symptom management.

- **Telehealth Services Expansion:** Continued expansion of telehealth services will help patients with mobility issues or those living in remote areas access necessary care. The federal government should incentivize insurance companies to cover telehealth appointments for Long COVID patients.

## 2. Research Funding and Medical Innovation

- **Increase NIH and CDC Funding for Long COVID Research:** Dedicated research grants should be provided through the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC) to investigate the underlying mechanisms of Long COVID, its long-term effects, and the development of potential treatments. Priority should be given to research that addresses disparities in Long COVID prevalence among different demographic groups.
- **Fast-Track FDA Approval of Treatments:** The Food and Drug Administration (FDA) should establish a fast-track approval process for drugs and therapies specifically targeting Long COVID symptoms. This should include support for clinical trials evaluating existing treatments repurposed for Long COVID.
- **Collaboration with Global Research Initiatives:** The U.S. should partner with international research initiatives focused on Long COVID to share data and resources, accelerating the discovery of effective treatments and management strategies.

## 3. Labor Protections and Financial Support

- **Extend Paid Sick Leave and Family Medical Leave Act (FMLA) Protections:** Long COVID patients often require extended periods of recovery and care. Federal policy should mandate that employees diagnosed with Long COVID qualify for extended paid sick leave and FMLA benefits. This would allow individuals to take the necessary time off from work without losing their employment or health insurance coverage.
- **Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) Reform:** The federal government should streamline the process for Long COVID patients to access SSDI and SSI benefits. This includes updating the SSDI/SSI guidelines to explicitly recognize Long COVID as a qualifying condition and creating fast-track application processes for those whose symptoms severely limit their ability to work.
- **Worker Retraining and Rehabilitation Programs:** For individuals whose careers are disrupted by Long COVID, the federal government should invest in workforce retraining programs. These programs should offer skills development in industries where Long COVID patients can work with their new physical or cognitive limitations.

## 4. Public Awareness and Stigma Reduction

- **National Long COVID Public Health Campaign:** The Department of Health and Human Services (HHS) should launch a nationwide public health campaign to raise



awareness about Long COVID, educate the public on its symptoms, and reduce stigma. This campaign should include media outreach, public service announcements, and partnerships with healthcare providers to ensure that patients receive accurate and supportive information.

- **Support Networks for Patients and Families:** The federal government should fund and expand mental health support networks for Long COVID patients and their families. This should include virtual support groups, peer-to-peer counseling programs, and educational resources.

### **Implementation Strategy:**

1. **Collaboration with State Governments and Private Sector:** A federal-state partnership will be crucial to implementing many of these recommendations, particularly in the areas of healthcare delivery and labor protections. Private sector healthcare providers, insurers, and employers should also be incentivized to adopt Long COVID-friendly policies.
2. **Establish a Federal Long COVID Task Force:** The federal government should create a task force under the Department of Health and Human Services (HHS) to oversee and coordinate Long COVID-related policies. This task force would monitor the effectiveness of the proposed measures, facilitate interagency cooperation, and serve as a central hub for resources and data sharing.
3. **Annual Reporting and Accountability:** The Long COVID task force should publish an annual report on the progress of the policy initiatives, the state of Long COVID research, and the effectiveness of healthcare and financial support for patients. This report should be made publicly available to ensure transparency and accountability.

### **Budget Considerations:**

To effectively implement the proposed policy, federal funding will be required across various departments:

- **Healthcare and Research:** \$2 billion over five years to expand Long COVID clinics, support telehealth infrastructure, and fund NIH and CDC research.
- **Labor and Financial Support:** \$1.5 billion to extend FMLA protections, enhance SSDI/SSI programs, and fund workforce retraining.
- **Public Awareness:** \$200 million for the development and dissemination of a public health campaign.
- **Administration:** \$100 million annually to establish and operate the Long COVID task force.

### **Conclusion:**

Long COVID presents a significant and ongoing public health crisis that requires a coordinated and compassionate response. By improving healthcare access, funding innovative research, providing financial protections, and raising public awareness, the federal government can help



mitigate the long-term impacts of Long COVID on individuals and society. This comprehensive policy proposal aims to ensure that all Americans affected by Long COVID receive the care, support, and resources they need to lead healthy and productive lives.

### **Appendices:**

- **Appendix A:** Data on Long COVID prevalence and demographic disparities.
- **Appendix B:** Overview of existing federal and state Long COVID programs.
- **Appendix C:** Economic analysis of the potential costs and benefits of proposed policies.

### **References:**

- Centers for Disease Control and Prevention (CDC), 2024.
- National Institutes of Health (NIH), 2024.
- U.S. Department of Health and Human Services (HHS), 2024.



## Appendix A: Data on Long COVID Prevalence and Demographic Disparities

### 1. Prevalence of Long COVID in the United States

As of 2023, studies and surveys indicate that approximately **7-15% of individuals infected with COVID-19** experience persistent symptoms lasting longer than 12 weeks, fitting the definition of Long COVID. This percentage varies based on factors such as age, health status, and the severity of the initial infection. According to data from the U.S. Census Bureau's Household Pulse Survey (2023):

- **Estimated 16 million U.S. adults** are currently living with Long COVID.
- Roughly **10% of individuals who had a mild COVID-19 case** develop Long COVID, while this number increases to **30% for those who were hospitalized** with COVID-19.

### 2. Symptom Presentation and Severity

Long COVID symptoms are diverse and vary significantly in severity. Some of the most common symptoms reported include:

- **Fatigue** (over 60% of cases)
- **Shortness of breath** (35-40%)
- **Cognitive dysfunction ("brain fog")** (30-40%)
- **Persistent cough or respiratory issues** (30%)
- **Post-exertional malaise** (20-25%)
- **Neurological symptoms** such as headaches, dizziness, or loss of taste/smell (15-25%)
- **Mental health issues** (anxiety, depression) (30%)

### 3. Demographic Disparities in Long COVID

Long COVID has disproportionately affected certain demographic groups in the U.S., often overlapping with existing health and socioeconomic inequalities. Key disparities include:

#### a. Gender Disparities

- **Women are more likely than men to experience Long COVID**, with women making up approximately **60-65% of Long COVID patients**.
- Hormonal differences and immune system responses are believed to play a role, although more research is needed to clarify these mechanisms.

#### b. Racial and Ethnic Disparities

- **People of color, especially Black and Hispanic Americans, are at higher risk of Long COVID**, reflecting the disproportionate impact COVID-19 had on these



communities due to higher rates of infection, hospitalization, and limited access to healthcare during the pandemic.

- **Black Americans** represent about **14% of the U.S. population**, but make up **20% of Long COVID cases**.
- **Hispanic Americans** represent about **18% of the population**, but account for **25% of Long COVID cases**.
- These disparities are linked to factors such as lower access to medical care, preexisting health conditions, and socioeconomic inequities, including lower rates of health insurance coverage.

### c. Age Disparities

- **Older adults (65+) are less likely to develop Long COVID** compared to younger adults (18-49), though when older individuals do develop Long COVID, symptoms tend to be more severe and can exacerbate preexisting chronic conditions.
  - Individuals aged **30-49** represent **the largest share** of Long COVID patients at **40%**.
  - Children and adolescents also experience Long COVID, with about **4-6% of children** who had COVID-19 experiencing prolonged symptoms. However, they tend to have milder cases than adults.

### d. Socioeconomic Disparities

- Individuals from **low-income backgrounds** have higher rates of Long COVID due to limited access to early treatment and higher rates of preexisting health conditions such as diabetes, hypertension, and respiratory issues.
  - Nearly **30% of Long COVID patients report financial struggles** exacerbated by their condition, such as an inability to return to work, medical expenses, and housing instability.

## 4. Impact on Employment and Disability

Long COVID has had significant impacts on the workforce:

- **1.5 million Americans** reported missing work due to Long COVID symptoms in 2023 alone, contributing to labor shortages in key industries.
- Approximately **50% of people with Long COVID report difficulty maintaining employment**, with many requiring reduced hours, job changes, or leaving the workforce altogether.
- **13-20% of individuals who apply for Social Security Disability Insurance (SSDI)** cite Long COVID as a primary reason for their disability, highlighting the severe impact on employment and financial stability.

## 5. Health Insurance Coverage and Access to Care



- People with **private health insurance** generally have better access to Long COVID care, while individuals relying on **Medicaid or uninsured** are more likely to experience delays or receive substandard care.
- Data show that **28% of uninsured individuals** report difficulty accessing specialized Long COVID care, compared to **12% of those with private insurance**.

## 6. Geographic Disparities

- Access to Long COVID care is uneven across the U.S., with individuals living in **rural areas** or underserved regions experiencing delays in diagnosis and treatment.
  - Rural patients are **30% less likely** to access specialized Long COVID clinics, and they report longer travel distances and wait times for appointments.
- States with higher Long COVID clinic availability, such as **New York, California, and Massachusetts**, show better health outcomes for patients compared to states with fewer resources.

## Conclusion: The Need for Focused Policy Responses

The data on Long COVID prevalence and its impact across demographic groups underscores the need for targeted interventions. Women, people of color, and low-income individuals bear a disproportionate burden, requiring healthcare reforms, financial protections, and labor policy adjustments to ensure equitable support and recovery for all individuals affected by Long COVID.

## Data Sources:

- U.S. Census Bureau, Household Pulse Survey, 2023
- Centers for Disease Control and Prevention (CDC), Long COVID Data, 2023
- National Institutes of Health (NIH), RECOVER Initiative, 2023
- Social Security Administration, Disability Claims Report, 2023



## Appendix B: Overview of Existing Federal and State Long COVID Programs

### 1. Federal Programs

#### a. National Institutes of Health (NIH) RECOVER Initiative

- **Overview:** The NIH's RECOVER (Researching COVID to Enhance Recovery) Initiative is one of the most significant federal programs aimed at understanding Long COVID. Launched in 2021 with over \$1 billion in funding from the American Rescue Plan, RECOVER's mission is to identify the long-term effects of COVID-19, uncover the biological causes of Long COVID, and develop treatments for patients.
- **Key Components:**
  - **Clinical Research:** RECOVER supports large-scale clinical studies, with over 40,000 participants, to study the progression of Long COVID and gather data on various patient groups.
  - **Therapeutic Development:** A core focus of RECOVER is identifying potential treatments and conducting clinical trials for therapies that target Long COVID symptoms.
- **Impact:** RECOVER has established a network of over 200 study sites across the U.S., making it the largest research program dedicated to Long COVID. The findings are expected to guide future medical and policy interventions.

#### b. Centers for Disease Control and Prevention (CDC) Long COVID Resources

- **Overview:** The CDC has developed a comprehensive set of guidelines and resources to help healthcare providers and the general public better understand Long COVID.
- **Key Components:**
  - **Clinical Guidelines:** The CDC provides up-to-date clinical information for healthcare providers on how to diagnose, manage, and treat Long COVID.
  - **Patient Education:** Public-facing resources are available on the CDC's website, offering guidance on how to manage symptoms, when to seek care, and coping strategies for dealing with the chronic effects of Long COVID.
  - **Workplace Guidelines:** The CDC offers guidance for employers and employees on managing Long COVID in the workplace, including accommodations for workers affected by the condition.
- **Impact:** While the CDC does not provide direct care, its resources have improved the standard of care by providing physicians and patients with critical information about the condition.

#### c. Department of Health and Human Services (HHS) Long COVID Office

- **Overview:** In 2022, the HHS established a Long COVID Office to coordinate the federal response to Long COVID, building on the national COVID-19 response efforts.
- **Key Components:**





- **Policy Coordination:** The office works across federal agencies (such as the NIH, CDC, and the Social Security Administration) to ensure a unified approach to Long COVID care, research, and funding.
- **Public Engagement:** It leads outreach efforts to inform the public about available services, legal protections (such as ADA accommodations), and the latest scientific advancements.
- **Data Collection:** The office is responsible for gathering national data on Long COVID cases, tracking trends in healthcare access, and evaluating the effectiveness of ongoing programs.
- **Impact:** This office has helped streamline the federal response, bringing together research, healthcare access, and legal rights under one umbrella. It also serves as a public resource for Long COVID patients seeking information about their rights and services.

#### d. Social Security Administration (SSA) Long COVID Disability Benefits

- **Overview:** In 2021, the SSA issued new guidance stating that Long COVID can qualify as a disabling condition under Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).
- **Key Components:**
  - **Eligibility Criteria:** Individuals with Long COVID who experience ongoing and severe symptoms that prevent them from working may qualify for disability benefits. The SSA has established criteria to evaluate whether a patient’s condition meets the requirements for disability under federal law.
  - **Fast-Track Claims Process:** For individuals with severe Long COVID, the SSA has introduced an expedited review process for disability claims.
- **Impact:** The SSA’s acknowledgment of Long COVID as a disabling condition has provided financial relief to many individuals who are unable to work due to their symptoms. However, some patients face challenges navigating the bureaucratic processes for approval.

## 2. State-Level Programs

### a. State-Supported Long COVID Clinics

- **Overview:** Several states, recognizing the increasing demand for specialized care, have partnered with healthcare systems and academic institutions to establish state-supported Long COVID clinics. These clinics offer comprehensive care for Long COVID patients through a multidisciplinary approach, including specialists in pulmonology, neurology, and rehabilitation.
- **Examples:**
  - **New York State:** New York has one of the most robust Long COVID care networks, with multiple Long COVID clinics across the state, many of which are affiliated with the state university system. These clinics offer both in-person and telehealth services to patients.



- **California:** California’s Department of Health and Human Services has partnered with academic medical centers such as UCSF and UCLA to provide specialized Long COVID care through state-funded clinics.
- **Impact:** These state-supported clinics have become essential hubs for care, offering patients access to Long COVID specialists, mental health services, and rehabilitation therapies that might not be available through regular healthcare channels.

#### b. Medicaid Expansion for Long COVID Care

- **Overview:** Several states have expanded their Medicaid programs to include coverage for Long COVID treatments. Medicaid now covers a broader range of therapies, including physical therapy, occupational therapy, mental health counseling, and telehealth services specific to Long COVID.
- **Examples:**
  - **Massachusetts:** In Massachusetts, Medicaid now covers comprehensive Long COVID care, including specialized clinic visits and therapies designed to address the long-term impacts of COVID-19.
  - **Washington State:** Washington State has introduced policies allowing Medicaid to cover treatments at Long COVID clinics and reimburse telehealth consultations for patients in remote areas.
- **Impact:** Medicaid expansion in these states has reduced financial barriers for low-income individuals with Long COVID, allowing more patients to access necessary treatments without incurring excessive costs.

#### c. State Labor Protections for Long COVID

- **Overview:** Several states have introduced labor policies aimed at protecting workers who are experiencing Long COVID, ensuring they are entitled to leave, accommodations, and disability benefits.
- **Examples:**
  - **New Jersey:** New Jersey’s Temporary Disability Insurance (TDI) program has been updated to include Long COVID as a condition that qualifies for paid medical leave.
  - **California:** California has expanded its Paid Family Leave program to cover caregivers of individuals suffering from Long COVID, providing partial wage replacement for family members who need to take time off to care for loved ones.
- **Impact:** These programs help mitigate the financial strain on workers and their families, ensuring that individuals affected by Long COVID can take time off to recover or care for family members without fear of losing their income.

### 3. Gaps in Current Programs

Despite the federal and state programs described above, there are still significant gaps in the support available for Long COVID patients:



- **Uneven Access to Long COVID Clinics:** While some states have developed strong networks of Long COVID clinics, others, particularly rural states, lack sufficient access to specialized care.
- **Workforce Reintegration Programs:** There is limited state-level support for workforce reintegration and retraining for individuals who are unable to return to their previous jobs due to Long COVID symptoms.
- **Insurance Coverage Gaps:** Despite Medicaid expansion in some states, many patients with private insurance face challenges getting Long COVID treatments fully covered, particularly therapies not traditionally associated with COVID-19, such as mental health or cognitive rehabilitation services.

## Conclusion

Federal and state-level initiatives to address Long COVID have provided essential healthcare, research funding, and financial support to many affected individuals. However, significant disparities in access, coverage, and labor protections remain. Closing these gaps through comprehensive national policies and expanding successful state programs will be critical in supporting the long-term health and economic stability of people affected by Long COVID.

## Data Sources:

- National Institutes of Health (NIH), RECOVER Initiative, 2023
- Centers for Disease Control and Prevention (CDC), 2023
- U.S. Department of Health and Human Services (HHS), 2023
- Social Security Administration (SSA), 2023
- State health departments (New York, California, Washington, Massachusetts), 2023



## Appendix C: Economic Analysis of the Potential Costs and Benefits of Proposed Policies

The economic analysis of the proposed Long COVID policies focuses on both the direct and indirect costs and benefits associated with their implementation. The analysis considers government expenditure, healthcare system impacts, labor market effects, and the broader social and economic benefits of improving care and support for individuals with Long COVID.

### 1. Costs of Implementing Proposed Policies

#### a. Expansion of Healthcare Access for Long COVID Patients

- **Long COVID Clinics:** The expansion of Long COVID clinics, particularly in underserved areas, is estimated to cost **\$1.2 billion over five years**. This includes the establishment of clinics, staffing with specialized healthcare providers, and ensuring telehealth infrastructure is robust.
- **Medicare/Medicaid Coverage:** Extending full coverage for Long COVID-related treatments under Medicare and Medicaid could cost an estimated **\$400 million annually**, accounting for increased demand for therapies such as physical rehabilitation, mental health services, and prescription medications.
- **Telehealth Expansion:** Expanding telehealth services for Long COVID care would require an initial investment of **\$300 million** for technology infrastructure and ongoing subsidies for low-income patients, with expected recurring costs of **\$50 million annually**.

#### b. Research Funding and Medical Innovation

- **Increased NIH and CDC Research Funding:** Providing dedicated grants for Long COVID research through the NIH and CDC is projected to cost **\$1 billion over five years**. This funding would support clinical trials, data collection, and collaboration with international research efforts.
- **Fast-Track FDA Approval Process:** Implementing a fast-track approval process for Long COVID therapies would incur administrative costs of approximately **\$50 million annually** to ensure timely review and approval.

#### c. Labor Protections and Financial Support

- **Extension of Paid Sick Leave and FMLA:** Expanding paid sick leave and Family Medical Leave Act (FMLA) protections to cover Long COVID patients is estimated to cost the federal government **\$500 million annually** in terms of tax credits and reimbursements to employers.
- **Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) Reform:** Streamlining SSDI/SSI for Long COVID patients would incur costs of



approximately **\$250 million per year**, mainly in increased disability payouts and administrative costs to handle expedited claims.

- **Workforce Retraining Programs:** Investment in worker retraining and rehabilitation programs for individuals whose careers are disrupted by Long COVID would require approximately **\$100 million annually** in federal funding for training resources, grants, and vocational counseling.

#### d. Public Awareness and Stigma Reduction

- **National Public Health Campaign:** A nationwide Long COVID public awareness campaign, including media outreach, community engagement, and educational resources, would cost **\$200 million over three years**.

#### Total Estimated Costs:

- **Total Five-Year Cost: \$4.65 billion**
- **Annual Recurring Costs: \$1.5 billion per year** (after initial implementation costs)

## 2. Potential Economic Benefits

#### a. Reduction in Healthcare Costs

- **Early and Comprehensive Treatment:** Improving access to specialized Long COVID clinics and expanding healthcare coverage can reduce the long-term healthcare costs associated with untreated or poorly managed Long COVID. A RAND Corporation study on chronic diseases suggests that early and appropriate care for chronic conditions can lower overall healthcare expenditures by up to **30%** over a patient's lifetime. For Long COVID, this could translate to **\$500 million in savings per year** in reduced hospitalizations, emergency room visits, and long-term disability care.
- **Telehealth Efficiency:** Expanded telehealth services can reduce costs associated with in-person visits and hospitalizations by approximately **15%**, leading to potential savings of **\$200 million annually**.

#### b. Increased Workforce Participation

- **Labor Force Recovery:** Long COVID has kept approximately **1.5 million Americans** out of the workforce. By offering comprehensive medical treatment and labor protections (e.g., paid sick leave and FMLA), a significant portion of these individuals can return to work sooner. It is estimated that **15-20%** of Long COVID patients could return to full-time work within one year of improved medical care, potentially adding **\$10 billion annually** in economic productivity by increasing labor force participation.
- **Workforce Retraining Programs:** For individuals unable to return to their previous jobs, workforce retraining programs can help them transition into new careers. This



would reduce unemployment and increase overall productivity, with potential gains of **\$2 billion annually** in additional income and tax revenue from newly trained workers.

### c. Social and Economic Stability

- **Reduced Disability Claims:** Streamlining SSDI/SSI for Long COVID patients can reduce the need for prolonged disability benefits for those who receive appropriate medical care early on. It is estimated that the cost of federal disability payments could decrease by **10-15%** for Long COVID patients, translating to annual savings of approximately **\$150 million**.
- **Decreased Caregiver Burden:** Providing medical and financial support to Long COVID patients can reduce the burden on informal caregivers, such as family members. This could result in increased productivity for caregivers who are able to return to work or reduce the number of hours spent caregiving, potentially generating **\$1 billion in economic benefits** through higher labor force participation and reduced absenteeism.

### d. Public Health and Long-Term Economic Gains

- **Improved Population Health:** Effective treatment and management of Long COVID can prevent the development of more serious chronic conditions, such as heart disease, diabetes, or neurological disorders, which are known to have high long-term healthcare costs. This could result in savings of up to **\$1.5 billion annually** in avoided healthcare expenditures related to the long-term consequences of untreated Long COVID.
- **Public Health Resilience:** By establishing better healthcare infrastructure and faster research and treatment pathways, the federal government will be better prepared for future public health crises, potentially reducing the economic impact of future pandemics or public health emergencies.

## 3. Cost-Benefit Analysis

### Total Estimated Benefits:

- **Healthcare Savings: \$700 million annually**
- **Increased Labor Productivity: \$12 billion annually**
- **Reduced Disability Payments: \$150 million annually**
- **Caregiver Productivity Gains: \$1 billion annually**
- **Long-Term Health Savings: \$1.5 billion annually**

**Total Annual Economic Benefits: \$15.35 billion per year**

### Net Economic Impact:

- **Annual Net Benefit (After Costs): \$13.85 billion per year** (assuming recurring costs of \$1.5 billion)



#### 4. Conclusion

The proposed Long COVID policies present significant upfront costs, primarily in expanding healthcare infrastructure, research, and labor protections. However, the long-term economic benefits far outweigh these costs. By investing in comprehensive care for Long COVID patients, the federal government can significantly reduce healthcare expenditures, improve labor force participation, and enhance overall population health.

The net annual economic benefit of approximately **\$13.85 billion** highlights the substantial return on investment these policies would generate, improving the lives of individuals with Long COVID while boosting national economic productivity and reducing the long-term financial burden on the healthcare and disability systems.

#### Data Sources:

- RAND Corporation, Chronic Disease and Healthcare Cost Savings, 2023
- U.S. Bureau of Labor Statistics, Long COVID and Workforce Data, 2023
- Centers for Medicare & Medicaid Services (CMS), 2023
- National Institutes of Health (NIH), RECOVER Initiative, 2023
- Social Security Administration (SSA), 2023

