



January 25, 2021

The Honorable Nancy Pelosi
Speaker of the House of Representatives
United States Capitol
Washington, DC 20515

The Honorable Chuck Schumer
Senate Majority Leader
United States Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader, House of Representatives
United States Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Senate Minority Leader
United States Capitol
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer and Minority Leader McConnell:

On behalf of the Infectious Diseases Society of America (IDSA) and its HIV Medicine Association (HIVMA), we write to urge you to pass COVID-19 rescue legislation that includes significant new funding to support COVID-19 vaccination, testing, treatments and medical supplies, including in congregate settings. COVID-19 rescue legislation should promote health equity, bolster the public health and health care workforce, strengthen global health, support schools and provide paid leave and financial relief for individuals, families and small businesses hardest hit by the pandemic.

The plan released by President Biden contains many of the components our nation urgently needs in order to bring the pandemic under control, and we encourage Congress to work with the Administration to provide the resources necessary to achieve its goals. We are also pleased to recommend additional policies that we believe will further strengthen our nation's response to COVID-19.

COVID-19 Vaccination: We strongly support additional funding to significantly scale up COVID-19 vaccination, including support for personnel, logistics, data collection and reporting; supplies for community vaccination sites and mobile vaccine units; and communication efforts to boost vaccine confidence. We greatly appreciate that Congress provided over \$8 billion to support COVID-19 vaccination in the year-end omnibus spending bill and that the Centers for Disease Control and Prevention (CDC) have released approximately \$3 billion to states. Frontline leaders in vaccination efforts continue to report persistent needs, and increased resources will be necessary to significantly increase vaccine uptake. We also support leveraging

the Defense Production Act to ensure a reliable and sufficient supply of vaccines and vaccination supplies while also ensuring that second doses are available according to the Food and Drug Administration's authorized schedule.

We also remain concerned that routine vaccination rates have dropped considerably during the pandemic and recommend that CDC and states be permitted to use additional vaccine funding to support broader vaccination efforts. As we aim to reopen more schools and put the nation back to work, it will be critical to prevent outbreaks of other vaccine-preventable illnesses.

COVID-19 Treatments: IDSA and HIVMA support increased funding for the development, manufacturing and purchase of therapies and to ensure affordability and equitable access. We urge that a portion of this funding be used to support outreach and clinical trial enrollment to communities underrepresented in clinical trials, including communities of color and others disproportionately impacted by COVID-19. Enrollment can be particularly difficult during a pandemic, especially in marginalized communities. We also recommend that some of the funds be used to improve clinical trial infrastructure and develop better analytical tools to help ensure adequate data to support and inform the clinical use of COVID-19 therapies.

We recognize concerns have been raised about the modest uptake of monoclonal antibody therapies as an outpatient infusion therapy for patients recently diagnosed with COVID-19 who have not yet become ill but are at high risk for serious illness from COVID-19. The issues with these therapeutics are complex; insufficient data are currently available for treatment guidelines to recommend their use outside of clinical trials, and complex staffing and administrative requirements limit the settings that can provide them. In addition to resources to support improved access to treatment and other health services for populations heavily impacted by COVID-19, we urge improvements to the Emergency Use Authorization (EUA) process to ensure that clinicians have the data necessary to appropriately prescribe for patients and provide high quality care. We greatly appreciate the urgency to promote timely access to potential therapies for COVID-19, but issuing an EUA before sufficient data are available complicates the ability to complete placebo-controlled clinical trials, thereby undermining the collection of data to evaluate the safety and effectiveness of therapies and determine their optimal clinical use.

Specifically, IDSA and HIVMA urge Congress to direct the Food and Drug Administration to:

- Establish and publicly communicate benchmarks for COVID-19 therapeutics to receive an EUA, as the agency did for COVID-19 vaccines;
- Require the public release of clinical trial data before a therapy is authorized or approved for use;
- Require the sponsor to have a plan for completing and publishing data from definitive clinical trials.

Public Health/Health Care Workforce: IDSA and HIVMA support funding to expand the public health workforce to support vaccine outreach, contact tracing and other pandemic response activities. We also encourage Congress to structure funding and policies to not only meet short-term needs, but also to ensure a reliable funding stream to build a sustainable, diverse

public health workforce necessary to address ongoing public health needs and prepare for and respond to future emergencies.

We appreciate congressional attention to the needs of the health care workforce as well. Infectious diseases (ID) physicians are playing critical roles in the pandemic response, caring for patients with COVID-19, developing infection prevention and patient management protocols, leading multidisciplinary hospital teams, collaborating with public health officials and conducting research to deepen our understanding of COVID-19 that will inform the development of new tools for prevention, diagnosis and treatment. Much of our programmatic work in health care facilities is uncompensated, contributing to a significant salary gap between ID physicians and physicians who provide more procedure-based care. Significant medical student debt is driving many new physicians to more lucrative specialties. A [study](#) published in the *Annals of Internal Medicine* in June 2020 found that 80% of counties with the highest COVID-19 burden at time of publication had little or no access to an ID physician. The dwindling ID workforce is, in itself, becoming a public health crisis.

We ask that Congress direct the Department of Health and Human Services (HHS) to leverage a portion of the remaining funds from the CARES Act Provider Relief Fund for frontline ID physicians. While HHS has provided targeted funds to a variety of providers, including giving additional funds to certain hospitals in areas with an increased number of COVID-19 hospitalizations, the Provider Relief Fund has not yet been targeted to directly support frontline providers. And, unfortunately, due to the financial stress of the pandemic on hospitals, that funding is not “trickling down” to frontline providers. **We further request that Congress direct HHS to undertake a study and report to Congress on uncompensated physician activities related to public health emergency preparedness and response and make recommendations to ensure compensation for these activities in future public health emergencies.**

Testing: Testing is a critical tool to help control the spread of COVID-19, and we support increased funding to expand access to testing and decrease turnaround times, including purchasing or manufacturing tests and testing supplies and increasing laboratory capacity.

Medical Supplies: IDSA and HIVMA support funds to manufacture and provide urgently needed medical supplies, including personal protective equipment (PPE) and testing supplies for health care facilities. Throughout the pandemic, the lives of health care workers and other essential workers have been placed unnecessarily at risk due to lack of appropriate PPE, and the practice of reusing N95 masks remains widespread at hospitals. The need for a stable and adequate supply of appropriate PPE is critical given the new variants of the coronavirus that are more easily transmissible. These new variants will require strict adherence to the use of non-pharmaceutical interventions, such as the appropriate PPE, to prevent transmission until more is known and widespread vaccination has been achieved. While we greatly appreciate that Congress has acted on this issue, persistent needs remain.

Surveillance: The emergence of new variants of COVID-19 is contributing to increased caseloads and placing an increased burden on our health care facilities and public health systems.

We support funding to strengthen our public health surveillance, sequencing and analytics capabilities to better understand how COVID-19 is mutating and how each strain is moving through communities. This knowledge is critical to our success in halting transmission.

Congregate Settings: We support the call for increased resources to control the virus, including through vaccination programs, in long-term care settings, homeless shelters and institutions serving people with intellectual and physical disabilities as well as federal, state and local prisons, jails and detention centers. Given the ongoing outbreaks in these settings, these resources are important to protect individuals living and working in these settings and to protect their communities.

Global Health: IDSA and HIVMA strongly support funding for global health, including resources to support international efforts to develop and distribute medical countermeasures for COVID-19 and build the global health security capacity required to fight COVID-19 and future infectious diseases threats. The pandemic has devastated HIV, TB and malaria responses in low- and middle-income countries, eroding gains made against these longstanding pandemics, and may result in an additional 3 million deaths in Africa alone. We urge that a portion of the funding be targeted to the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight HIV, TB and Malaria and global immunization efforts to prevent outbreaks of vaccine-preventable diseases like measles.

We thank you for your ongoing leadership in the face of the COVID-19 pandemic and would be happy to serve as resources to you. If you have any questions or if there is anything we can do to assist you, please contact Amanda Jezek, IDSA Senior Vice President, Public Policy & Government Relations, at ajezek@idsociety.org or Andrea Weddle, Executive Director, HIVMA, at aweddle@hivma.org.

Sincerely,



Barbara D. Alexander, MD, MHS, FIDSA
IDSA President



Rajesh T. Gandhi, MD, FIDSA
HIVMA Chair