



September 6, 2022

The Honorable Chuck Schumer
U.S. Senate
Majority Leader
Washington, DC 20510

The Honorable Mitch McConnell
U.S. Senate
Minority Leader
Washington, DC 20510

The Honorable Nancy Pelosi
U.S. House of Representatives
Speaker
Washington, DC 20515

The Honorable Kevin McCarthy
U.S. House of Representatives
Minority Leader
Washington, DC 20515

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

The Infectious Diseases Society of America (IDSA) and its HIV Medicine Association (HIVMA) request that Congress work with the Biden Administration to utilize all existing funding mechanisms to provide new resources to allow the health care and public health systems to adequately respond to both the COVID-19 and monkeypox virus (MPV) emergencies. We were heartened to see the Biden Administration's recent request for supplemental funding to address these emergencies. We urge Congress to act swiftly to focus on these urgent needs and recommend that a supplemental bill address the critical needs outlined below (many of which are reflected in the White House request).

IDSA and HIVMA represent more than 12,000 infectious diseases physicians, scientists and other health care and public health professionals. Our members work across a variety of health care settings, including hospitals, academic medical centers, long-term care facilities, public health departments, publicly funded clinics and private practice. These clinicians, researchers and public health officials have been on the frontlines of the COVID-19 response for more than two and half years and continue to lead this work as uncertainty remains about the trajectory of the pandemic and the possibility of a fall or winter surge. IDSA and HIVMA experts are also leading the response to the MPV outbreak, declared a public health emergency last month by the U.S. Health and Human Services Secretary.

A robust public health response implemented in partnership with affected communities and frontline health care providers and researchers is critical to controlling the MPV outbreak and continuing to respond to COVID-19. Failure to act on these funding needs in early September will undoubtedly lead to preventable illness for hundreds of thousands, if not millions, of Americans. IDSA members are giving their all, but we rely upon our elected leaders in Congress and the Administration to provide necessary resources to fight COVID-19 and MPV without undue limitations and to bolster health security.

COVID-19

We are concerned that inequities in the burden of disease will increase when funding to support the federal supply of COVID therapeutics, especially bebtelovimab, is exhausted this fall. Clinicians rely upon therapeutics to prevent severe disease and death, and to keep our hospitals from becoming overwhelmed again. In addition, inequitable access to testing will hamper our ability to isolate cases and contain transmission among the most vulnerable. With a shift to commercial provision of therapeutics and testing, we are concerned that people without adequate insurance coverage or resources for testing and treatment will go without needed protection. We have heard reports of a course of bebtelovimab costing as much as \$8,000, which is unsustainable. Even the stated manufacturer's price of more than

\$2,000 would likely put this important treatment out of reach for uninsured and underinsured individuals. Without funding to defray the cost, Americans who are immunocompromised, have underlying conditions that place them at greater risk for severe COVID-19 disease and those who remain unvaccinated will bear the highest burden of illness and death. Individuals without health care coverage will face the greatest challenges in accessing treatment, increasing the already glaring inequities exhibited throughout the pandemic. We are grateful that Medicare intends to cover bebtelovimab without cost-sharing for beneficiaries, and urge that similar policies and investments be established to ensure equitable access for all populations to COVID-19 therapeutics.

IDSA recommends renewing funding to cover testing and COVID-19 therapeutics. Funding should be provided to extend the provision of free tests by mail. COVID therapeutics, including monoclonal antibodies, should be available with no cost-sharing. We also recommend funds be allocated to support a robust vaccination campaign in the fall/winter 2022/2023 for both COVID and flu vaccines. News reports from the Southern Hemisphere point to a potentially more severe flu season than the past two years. Updated COVID boosters with broader and more durable protection are now available, requiring another round of outreach and education, especially to low-income people and communities of color that historically have not had the same vaccination rates as more affluent and/or majority White communities. Support is especially needed in primary care settings so they can provide vaccinations to their patients and allow public health professionals to focus on individuals without ready access to health care. In addition, support is needed to facilitate the development and purchase of next-generation vaccines and treatments to keep pace with the evolution of the SARS-CoV-2 virus.

Monkeypox Virus

Many health care institutions and public health agencies have not recovered from staffing losses during the COVID-19 pandemic. With no new funding, infectious diseases clinicians and public health professionals have been required to add a significant amount of complex and time-consuming activity related to the MPV outbreak to their already overflowing workload. In some jurisdictions, more than half of MPV cases have occurred among people with HIV, thus disproportionately affecting this population and the providers and clinics that provide care for them. There is a rapidly closing window of time in which a robust response could help prevent more widespread transmission of MPV.

Funding is needed in the following areas to continue the MPV response and ramp up to sufficient intensity to stem the tide of the outbreak:

- Community engagement and education
 - Provide resources to build capacity for outreach, prevention and treatment within health care facilities and communities serving heavily impacted populations, including academic medical centers, primary care and Ryan White clinics.
 - Fund a multifaceted public education campaign to provide factual information, reduce stigma, dispel myths and encourage participation in research, including clinical trials.
- Diagnosis/testing
 - Provide funding to ensure testing is available without cost-sharing, regardless of insurance status, and to support public health laboratory infrastructure and workforce.
 - Ensure that adequate personal protective equipment and funding to cover its costs are available for clinicians who see patients with MPV.
 - Incentivize and fund the development of easier to use point-of-care diagnostics, and other types of tests (e.g., blood, urine, saliva), including commercial and laboratory developed tests.
 - Fund health care provider training and education.

- Vaccination
 - Provide funding to support provider training and vaccination scale-up with a focus on clinics and community organizations serving populations at higher risk for MPV and historically marginalized communities.
 - Provide resources to ensure equitable administration of the available vaccine supply and to study the effectiveness of the current MPV vaccines and develop new MPV vaccines.
 - Provide funding to more rapidly scale up vaccine supply.
- Treatment
 - Provide funding to health care systems, including Ryan White clinics, to serve as test-to-treat centers and to support partnerships with community-based clinics and practices within communities.
 - Ensure that sufficient funding is available for clinical trials and other research into promising treatments.
- Workforce capacity
 - Create a new reimbursement mechanism to cover currently uncompensated health care workforce needs associated with outbreak response, including enhanced infection prevention activities and the significantly increased workload associated with accessing testing and treatment, data collection, and coordination with public health and health care systems.
 - Provide new funding for Ryan White clinics to diagnose and treat MPV in people with HIV to adequately support the multidisciplinary teams that have been depleted by the pandemic.
 - Adequately fund and sustain funding for the Centers for Disease Control and Prevention, including for sexual health clinics and local and state health departments.
 - Pass and fund loan repayment for infectious diseases and bio-preparedness health care professionals, included in the PREVENT Pandemics Act (S. 3799) and BIO Preparedness Workforce Act (S. 3244/H.R. 5602).
 - Provide resources to support data collection (including demographic data on vaccination, testing and treatment) and research.

Thank you for your attention to these critical needs. For more information, please contact Amanda Jezek, IDSA senior vice president for public policy and government relations, at ajezek@idsociety.org or Andrea Weddle, HIVMA executive director, at aweddle@hivma.org.

Sincerely,



Daniel P. McQuillen, MD, FIDSA
President, IDSA



Marwan Haddad, MD, MPH
Chair, HIVMA