March 16, 2022

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

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

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

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

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

On behalf of the American College of Physicians (ACP), I am writing to share our strong support for additional legislation to continue access for our patients to lifesaving vaccines, anti-viral treatments, and COVID testing during the ongoing public health emergency (PHE) caused by the COVID-19 global pandemic. We are greatly appreciative that Congress has enacted major legislative packages to address this unprecedented public health crisis. While these programs have made a positive difference for physicians and their patients, funding for these vital efforts needs to continue. Specifically, ACP calls on Congress to pass the COVID Supplemental Appropriations Act, 2022, H.R. 7007, which would provide $15.6 billion in additional funding to continue to respond to and hopefully minimize the impact of COVID-19 on our patients. With an uptick of the COVID virus detected by the Centers for Disease Control and Prevention (CDC) in testing of U.S. wastewater and the increasing prevalence of the BA.2 variant making up 23 percent of COVID cases, time is of the essence.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

We ask that Congress pass H.R. 7007 into law as soon as possible before the federal government is not able to effectively respond to the on-going COVID-19 PHE. ACP strongly supported several provisions in the American Rescue Plan (ARP) Act of 2021, H.R. 1319, that provided $49 billion to U.S. Department of Health and Human Services (HHS) to detect, diagnose, trace, and monitor COVID-19 infections, and for other activities necessary to mitigate the spread of COVID-19. ACP also strongly supported
requirements that COVID-19 vaccines be provided at no cost to all patients, regardless of coverage status.

Sustained and adequate funding is essential for the federal government and public health agencies to support the country’s ongoing efforts to prevent and mitigate the harmful effects of COVID-19 on patients. Yet, without additional federal resources these critical efforts are in jeopardy of not continuing. New funding is necessary to purchase enough booster vaccines for all patients. Resources are also needed for the development and supply of variant-specific vaccines if needed in the future. The federal government will also not be able to obtain enough supplies of monoclonal antibody treatments and could run out as soon as the end of the month of May. In addition, the robust COVID-testing capacity built up over the preceding months could start declining in June and some COVID surveillance programs may have to be discontinued if a new infusion of funding is not provided. A particularly urgent issue is that physicians may not be able to submit claims for the testing, treatment, and vaccination of their uninsured patients as soon as March 22nd, leaving some of the most vulnerable patients at greater risk and putting additional burden on safety net clinicians. In addition, it is critical to ensure that there is a global response to the ongoing pandemic to reduce the risk of new deadly variants, including support to deploy COVID vaccines, supplies, and therapeutics to countries most in need.

The consequences described above can be avoided if Congress passes the COVID Supplemental Appropriations Act in enough time. The bill contains $10.6 billion for the Public Health and Social Services Emergency Fund (PHSSEF), including $9.85 billion for the Biomedical Advanced Research and Development Authority (BARDA) and $750 million to develop new vaccines that protect against future variants. The resources for BARDA would be for the research and development, manufacturing, development, and purchase of vaccines, therapeutics, diagnostics, and the supplies needed to administer those vaccines, therapeutics, and diagnostics. In addition, $750 million would be available for research and clinical trials for the development and purchase of vaccines for possible emerging COVID variants. The supplies and equipment purchased with these funds could also be placed in the Strategic National Stockpile (SNS). In addition, the Act provides HHS the ability to transfer PHSSEF funds to the National Institutes of Health (NIH) to prevent, prepare for, and respond to COVID if necessary. Lastly, without the additional $5 billion in global and humanitarian assistance, efforts to increase COVID vaccination across the world would falter and increase the risk of new COVID variants emerging and spreading.

The COVId Supplemental Appropriations Act, 2022, and its accompanying funding are necessary to maintain the federal government’s ongoing response to the COVID pandemic. Without additional funding, patients will not have access to the vaccines, treatments, and testing needed to mitigate the harmful effects of COVID both in the United States and globally. We urge both the House and Senate to quickly pass H.R. 7007 to avoid any gap in access to these critical services for our patients and avoid any surge of COVID both here and abroad due to a lack of resources.

Thank you for your consideration.
Sincerely,

George M. Abraham, MD, MPH, MACP, FIDSA
President