September 27, 2022

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

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

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

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

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

On behalf of the American College of Physicians (ACP), I am writing to express our support for Congress passing into law the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023, H.R. 6833, that would fund the federal government through December 16, 2022. This short-term continuing resolution (CR), if enacted, would avert a fiscal year (FY) 2023 federal government shutdown and continue funding for essential health care policies and programs at FY 2022 levels. However, ACP is disappointed that the CR does not contain critical COVID and monkeypox supplemental funding that is necessary to fight the ongoing public health emergency (PHE) caused by COVID-19 and prevent a potential monkeypox PHE. Accordingly, ACP calls on Congress to reach bipartisan agreement to pass the FY2023 spending laws that also includes adequate COVID and monkeypox resources without further delay. ACP also reaffirms our call for Congress to protect patient access to care by preventing year-end Medicare cuts that will adversely affect physicians in every state.

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 160,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic 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 such as diabetes, heart disease and asthma.

ACP greatly appreciates that H.R. 6833 will continue to fund essential health care policies and programs through December 16, 2022, provide $62 million to the 988 National Suicide Prevention Lifeline, and reauthorize through 2027 the Food and Drug Administration’s (FDA) expiring user fee agreements for prescription drugs, generic drugs, and biosimilars. ACP also strongly supports $22.4 billion in additional funding to continue access for our patients to lifesaving vaccines, anti-viral
treatments, and COVID testing during the ongoing PHE caused by the COVID-19 global pandemic and $4.5 billion to contain the emerging threat from monkeypox. We ask that Congress pass this funding into law as soon as possible—as we did earlier this year—before the federal government is not able to effectively respond to the on-going COVID-19 PHE and monkeypox outbreak.

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 and monkeypox 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 continued development and supply of variant-specific vaccines. The federal government, due to inadequate funding, has already not resupplied the at-home test stockpile and halted sending free tests to American households. The robust COVID testing capacity built up over the preceding two years is now less ready to contend with a fall surge. In addition, the U.S. cannot support the global response to COVID without more resources. The federal response to monkeypox also needs to be ramped up to help end the current outbreak and hopefully prevent future outbreaks by having enough resources for vaccinations, testing, and treatments in the U.S. and globally.

The consequences described above can be avoided if Congress enacts additional funding in enough time. The administration’s $22.4 billion COVID request contains $7.1 billion to purchase new multi-variant vaccines, COVID treatments, personal protective equipment (PPE) for the Strategic National Stockpile (SNS), and furnish vaccines for vulnerable populations such as the uninsured. The COVID request also contains $2 billion for free testing programs and sending free tests to households. To prevent the spread of variants globally, $4 billion is requested for vaccines, treatments, testing, and global preparedness and response efforts. And $8 billion is needed to develop next generation vaccines that protect against future variants. For monkeypox, the administration’s $4.5 billion request includes $1.6 billion for expanding vaccine and treatment purchases and capacity as well as $2.1 billion for testing, treatment, and vaccination for states, localities, Ryan White clinics, and community health centers. The monkeypox request also has $600 million for global vaccines, diagnostic, treatments, and improving global preparedness and response.

Conclusion
New additional funding is necessary to maintain the federal government’s ongoing response to the COVID pandemic and monkeypox outbreak. Without this much needed additional funding patients will not have access to the vaccines, treatments, and testing needed to mitigate the harmful effects of COVID and monkeypox both in the United States and globally. We urge both the House and Senate to quickly pass additional funding to avoid any gap in access to these critical services for our patients and avoid any surge of COVID or increased monkeypox outbreak both here and abroad due to a lack of federal resources.
Thank you for your consideration.

Sincerely,

[Signature]

Ryan D. Mire, MD, FACP
President