



July 24, 2020

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

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

Dear Majority Leader McConnell and Minority Leader Schumer:

The Infectious Diseases Society of America (IDSA) and its HIV Medicine Association (HIVMA) thank you for your continued leadership in the federal response to the COVID-19 pandemic and the three major pieces of legislation you have enacted so far.

IDSA and HIVMA represent over 12,000 infectious diseases and HIV physicians, scientists, and other healthcare and public health professionals on the frontlines of the COVID-19 response. We are deeply concerned that cases around the country are climbing with more than 4 million diagnosed cases of COVID-19 in the United States— far more than any other country in the world and more than 144,000 lives lost to COVID-19 in the U.S.

Our members who are on the frontlines of this pandemic continue to report a lack of essential equipment, supplies, tests and treatment, workforce shortages and insufficient local resources to confront this extraordinary public health crisis. If we are to get control of the COVID-19 pandemic, Congress must continue to help strengthen the federal response by providing the necessary policy flexibility and much needed resources to meet ongoing critical needs. We urge you to provide national leadership and specifically request that the next COVID-19 package include:

- A national strategy to direct and fund the scale up of manufacturing and appropriate distribution of urgently needed medical supplies, including testing and testing supplies and personal protective equipment (PPE) (Medical Supply Transparency and Delivery Act);
- Financial support for frontline healthcare workers, including infectious diseases/HIV physicians, through hazard pay, specific direction of a portion of Provider Relief Fund monies to ID/HIV physicians, and loan repayment (Student Loan Forgiveness for Frontline Health Workers Act);
- Policies to ensure a sufficient supply of FDA-approved COVID-19 treatments including remdesivir and fair pricing of COVID-19 treatments to ensure equitable access and availability;
- Funding to significantly ramp up and support the public health infrastructure and workforce at the Centers for Disease Control and Prevention, state and local level to conduct surveillance and contact tracing and to support uniform COVID-19 data collection and reporting by race, ethnicity, gender, zip code, and other demographics;
- Reforms to current restrictions in the visa process to address workforce shortages, including the J-1 Visa Program to expand the physician workforce (Conrad State 30 Physician Access Act and Healthcare Workforce Resilience Act);

- New resources specifically to address the disproportionate impact of COVID-19 on communities of color and to reduce the significant health disparities imposed by the COVID-19 pandemic, including an enhanced federal Medicaid matching rate, resources to ensure the sustainability of community health centers, housing assistance and an extension of the federal moratorium on evictions, and support for the Federal Communications Commission’s Lifeline Program;
- Increased funding to address the COVID-19 pandemic globally, including \$20 billion for the global COVID-19 response and the U.S. contributions to the World Health Organization because pandemics know no boundaries;
- Investment in our vaccine infrastructure and vaccine coverage policies to ensure an equitable and transparent prioritization and distribution process and promote uptake of a COVID-19 vaccine (Protecting Seniors Through Immunization Act);
- Additional NIH funding to support COVID-19 research and to support researchers whose work has been interrupted by the pandemic;
- Maintained support for telehealth, including equal reimbursement for telehealth visits (including phone-only visits) with comparable in-person visits;
- Resources to address secondary bacterial and fungal infections contributing to severe illnesses and deaths in COVID-19 patients -- including new antimicrobial drug research and development, antimicrobial stewardship, and surveillance (DISARM Act and antibiotics subscription model legislation); and
- Funding to support public health programs addressing the needs of vulnerable populations including \$500 million for the Ryan White HIV/AIDS Program, and \$100 million for CDC programs addressing viral hepatitis, sexually transmitted infections, and resources for infectious diseases linked to the injection opioid epidemic.

We urge you to move swiftly in passing the next COVID-19 funding package to address current needs and to prepare for flu season in the fall when we anticipate an even greater strain on hospital systems, testing facilities, laboratories, and the healthcare workforce. Please contact Amanda Jezek, Senior Vice President of Public Policy and Government Relations of the Infectious Diseases Society of America at ajezek@idsociety.org and Andrea Weddle, Executive Director of the HIV Medicine Association at aweddle@hivma.org.

Sincerely,



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Judith Feinberg, M.D., FIDSA
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