IDSA and HIVMA Priorities for Next COVID-19 Response Legislation
Version: May 26, 2020

IDSA and HIVMA greatly appreciate the significant resources and policies aimed at the COVID-19 pandemic response in the Coronavirus Preparedness and Response Supplemental Appropriations Act (enacted March 4), the Families First Coronavirus Response Act (enacted March 18) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act (enacted March 27). As the pandemic continues, infectious diseases specialists on the frontlines emphasize that continued national leadership remains essential. COVID-19 continues to spread, and another surge of cases may occur this fall, coinciding with influenza season and potentially bringing more illnesses and fatalities than the first wave of the pandemic. IDSA and HIVMA highlight the priorities below that we urge Congress to address in the next COVID-19 response legislation. We appreciate that many of these priorities were addressed, at least in part, in H.R. 6800, the Heroes Act, as passed by the House of Representatives on May 15.

Medical Supplies
- A national strategy to direct and fund the scale up of manufacturing and appropriate distribution of urgently needed medical supplies, including personal protective equipment (PPE) and testing supplies (Medical Supply Transparency and Delivery Act, H.R. 6711/S. 3627).

Public Health
- Funding to ramp up the public health infrastructure and workforce to coordinate and conduct national surveillance and contact tracing, including data collection and reporting by race, ethnicity, gender, zip code, and other demographics.
- Public Health Workforce loan repayment (Strengthening the Public Health Workforce Act).

Supporting and Securing the Pandemic Response Workforce
- Financial support for frontline healthcare workers, including ID/HIV physicians, through enhanced pay and loan repayment (Student Loan Forgiveness for Frontline Health Workers Act, H.R. 6720; Health Heroes 2020 Act, H.R. 6650/S. 3634; and a bill to establish the Pandemic Responder Service Award program, H.R. 6953).

Vaccines, Therapeutics and Antimicrobial Resistance
- Resources to address secondary bacterial and fungal infections contributing to morbidity and mortality in COVID-19 patients—including new antimicrobial drug research and development, antimicrobial stewardship, and surveillance (DISARM Act, H.R. 4100/S.1712 and antibiotics subscription model legislation).
- Investment in our vaccine infrastructure (including funding to support the safe provision of vaccines during the pandemic, outreach to patients who are due or overdue for vaccines and expansion of immunization information systems), vaccine purchasing, and vaccine coverage policies to prepare for the successful distribution and uptake of a COVID-19 vaccine and to address plummeting immunization rates during the pandemic (Protecting Seniors Through Immunization Act, S.1872/H.R.5076).
• Advancing key provisions from the recently released Cures 2.0 Concept Paper, with a focus on vaccines, antimicrobial resistance, and clinical trials (Outlined in IDSA’s recent letter to Reps. DeGette and Upton).

• Policies and investments to address antimicrobial drug shortages, including those exacerbated by the COVID-19 pandemic, by supporting the continuous manufacturing of drugs (National Centers of Excellence in Continuous Pharmaceutical Manufacturing Act of 2019, H.R.4866)

Research
• Additional NIH funding to support COVID-19 research and to support researchers whose work has been interrupted by the pandemic (as requested by Rep. DeGette and Upton).
• Federal and private sector clinical trial enrollment include participants from African American, Latinx, Native American, and other underserved communities.

Global Coordination
• Increased funding to address the COVID-19 pandemic globally, including U.S. contributions to the World Health Organization and Coalition for Epidemic Preparedness Initiatives to support global efforts to advance COVID-19 vaccine candidates.

Healthcare Access
• Support for an enhanced federal matching rate for state Medicaid programs.
• Coverage for COVID-19 treatment and prevention for Medicaid and Medicare patients and resources to support treatment and prevention services for patients who are uninsured.
• Emergency funding to support the sustainability of community health centers.
• Funding for safety-net and public health programs with increased demand due to the pandemic including $500 million for the Ryan White HIV/AIDS Program and at least $100 million for HIV, STI and viral hepatitis prevention at the CDC.

Health Disparities
• New resources specifically to address disproportionate COVID-19 impact on communities of color and to strengthen the response with other vulnerable populations, including support for a comprehensive strategies to mitigate and control COVID-19 throughout federal, state and local corrections systems and in nursing homes.
• Ensure that the Employment and Training Administration enforces federal standards that apply to determine whether workers can maintain their eligibility to receive regular state unemployment insurance and Pandemic Unemployment Assistance when their employers are not taking the proper health and safety precautions to protect against COVID-19, including the guidelines established by the CDC.

Telehealth and Education
• Emergency support for broadband for individuals who are furloughed or unemployed.
• Support for unlimited minutes and data for individuals who rely on the Lifeline program to stay connected.
• Support for schools and libraries to provide internet service to students and teachers prioritizing those without in home internet access.