

United States Senate

WASHINGTON, DC 20510

February 14, 2020

The Honorable Mick Mulvaney
Director
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

The Honorable Alex M. Azar II
Secretary
Department of Health and Human Services
Washington, D.C. 20201

Dear Director Mulvaney and Secretary Azar:

We remain deeply concerned with the rapidly evolving 2019 Novel Coronavirus (COVID-19). As of today, the virus has infected over 64,000 people and resulted in over 1,300 fatalities across the globe. Here in the United States, the total number of infections stands at 15 and the risk to the general public remains low, but public health experts expect additional cases will occur. Just this week, World Health Organization Director-General, Tedros Adhanom Ghebreyesus, said that the virus is not only a serious emergency for China, but a very grave threat for the rest of the world.

While we appreciate the critical work happening at the Department of Health and Human Services (HHS) and government-wide to respond to this emergency, the Administration has not been forthcoming about how much funding will be needed to respond to the outbreak. Despite several requests for the Office of Management and Budget (OMB) to transmit an emergency supplemental request to Congress to ensure the strongest response possible, HHS and OMB officials continue to assert that there are already sufficient resources available, while providing few details on current or projected spending, and leaving states and localities with questions on if and when they will be reimbursed for the significant costs they are incurring, including to implement Federal policies. Meanwhile, on February 2, 2020, Secretary Azar notified the Committees on Appropriations of HHS's intention to use its transfer and reprogramming authority to reallocate up to \$136 million to the Centers for Disease Control and Prevention (CDC), the Assistant Secretary for Preparedness and Response (ASPR), and HHS's Office of Global Affairs to support ongoing emergency response activities, suggesting the need for more resources. While we understand the need for flexibility to respond to this emergency, pulling funding from other critical programs within HHS is not the solution. Based on the global escalation of cases and the increasing demands on federal, state and local public health agencies, we are concerned that HHS has not requested additional resources.

We have heard the growing concerns from states and local public health departments about their escalating costs associated with travel screening, isolation and quarantine, staffing, contracts, goods and services, and equipment for the response. The federal government instituted the screening, isolation, and quarantine policy and should therefore be responsible for

the considerable expenses states and localities are incurring, including to implement the policy. We also understand there are questions about how HHS will cover the significant costs associated with phase II and III clinical trials to test vaccines that could provide protection against the virus, and that there are questions about whether the production capacity at the Department's Holly Springs vaccine manufacturing facility is adequate. Finally, it is troubling that the President's newly released Budget proposes to cut public health programs that are critical to preventing and containing the spread of infectious diseases like COVID-19, including almost \$100 million from crucial CDC global health investments, and \$35 million from the CDC's Infectious Disease Rapid Response Reserve Fund, which has served as the primary source of funding for responding to COVID-19. These budget cuts risk undermining the agency's ability to access immediately available funding to initiate an early and rapid response to emerging pandemic threats like novel coronavirus when the U.S. is faced with a public health emergency.

It is clear from previous global infectious disease outbreaks that they require aggressive, coordinated responses across the federal government. In fact, in a briefing for Senators on February 12th, Administration officials stated that we must be prepared for a very large and lengthy public health response to this virus given how easily it appears to be transmitted. They also stated that HHS would exhaust existing funding for the response soon. We strongly urge the Administration to transmit an emergency supplemental request that ensures it can and will fully reimburse states for the costs they are incurring as part of this response – including costs associated with the enactment of travel screening and quarantine policies laid out by the Federal government. The supplemental request should also provide funding to replenish the Infectious Disease Rapid Response Reserve Fund since it is likely that Congress will not complete work on the fiscal year 2021 until after the election, leaving the Fund potentially perilously short of money should another public health emergency develop during the year.

We also request responses to the following questions:

- Which contributing programs within each of the HHS Operating Divisions will be providing transfer funding related to the Secretary's \$136 million transfer for the coronavirus response?
- How much funding and what activities will be reimbursed to state and local public health departments for their costs incurred in responding to potential and confirmed coronavirus cases?
- What is a reasonable amount of federal funding that will be required for phase II and III clinical trials to test vaccines that could provide protection against COVID-19? What is a reasonable amount of federal funding that would be required to manufacture a COVID-19 vaccine within an 18 month time period?

Sincerely,



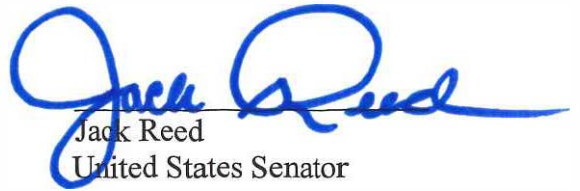
Patty Murray
United States Senator



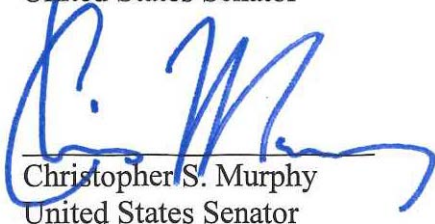
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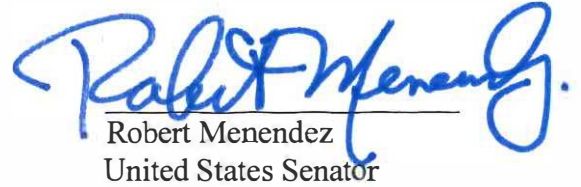
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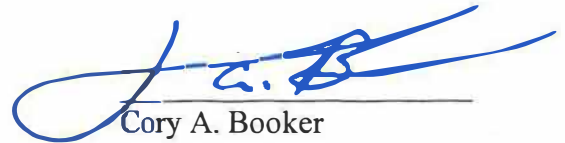
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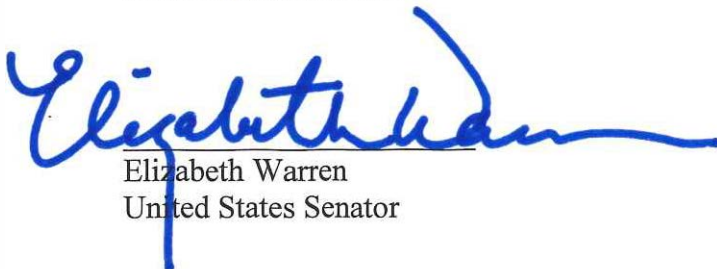
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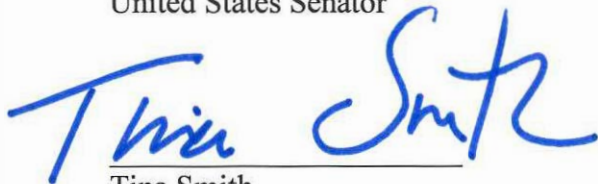
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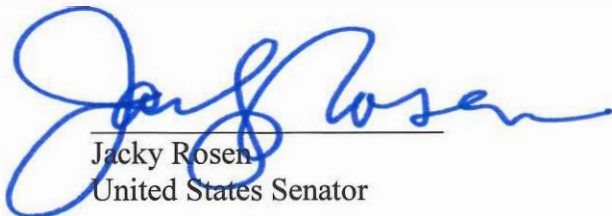
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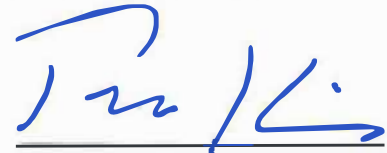
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