



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

March 15, 2022

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

Dear Madam Speaker:

Over last couple months, we have communicated to you on a regular basis that the funds Congress provided for COVID response are dwindling. On March 3, we requested \$22.5 billion in emergency funding by mid-March to avoid severe disruptions to our COVID response. We are now again writing to notify you of the consequences of a lack of funding. These include no additional purchases of monoclonal antibodies sent to states, fewer tests made in America, fewer treatments for the immune compromised, and a risk of running short on vaccines.

In addition to these immediate impacts, failing to provide additional funding for the COVID response now will leave us unequipped to deal with a future surge. With cases rising abroad, scientific and medical experts have been clear that in the next couple of months we could see rising cases of COVID-19 here in the United States as well. Waiting to provide funding until we're in a surge will be too late.

We are notifying you of the following actions necessitated by a lack of critical funding:

- **Inability to Secure Sufficient Booster Doses and Variant Specific Vaccines, If Needed:** The federal government does not have adequate resources to purchase enough booster vaccine doses for all Americans, if additional doses are needed. The shortages will be even more acute if we need a variant-specific booster vaccine, since we will not have any existing supply.
- **Providers No Longer Able to Submit Claims for Testing, Treating, and Vaccinating the Uninsured:** The fund that reimburses doctors and other medical providers for caring for uninsured individuals will start to be scaled back this month and end completely in early April. Specifically, one week from today – March 22 -- the Uninsured Program will stop accepting new claims for testing and treatment due to lack of sufficient funds. Providers will no longer be able to submit claims for providing these services to uninsured individuals, forcing providers to either absorb the cost or turn away people who are uninsured, increasing the disparity in access to critically needed health care and putting additional burdens on safety net providers. Three weeks from today—April 5—

the Uninsured Program will also stop accepting vaccination claims due to a lack of sufficient funds.

- **Ending the Purchase of Monoclonal Antibody Treatments, Scaling Back State/Territory Allocations:** The federal government has no more funding for additional monoclonals, including a planned order for March 25. To date, the federal government has been able to provide these life-saving treatments free of charge to Americans and work with states to make sure they get to as many people as possible who need them. In order to keep these treatments free and available to the American people for as long as possible, the Administration will now have to stretch our current supply and, starting next week, will be forced to cut state allocations of our limited existing supply of life-saving monoclonal antibody treatments by more than 30%.
- **Halting Critical Testing, Vaccine, Treatment Efforts:** The President's National Preparedness Plan was clear that the federal government must invest in next-generation vaccines and treatments and maintain our testing capacity in order to fight COVID-19 in the future. Now, without additional funding, we do not have the ability to:
 - *Purchase additional oral antiviral pills beyond the 20 million already secured.*
 - *Pre-purchase promising new antivirals.* The reason why the Administration has been able to secure more oral antiviral pills than any other country is because we committed to purchasing them early, even prior to an Emergency Use Authorization (EUA). As even more effective pills potentially become available, the federal government is no longer able to make advance purchase commitments to ensure America is one of the first countries in line.
 - *Accelerate the creation of a next-generation, pan-COVID vaccine that would provide broad protection against a range of variants.* Vaccines are the most effective tool to prevent COVID-19, and the Administration does not have the funding for necessary investments in research and to support the development of promising new vaccine candidates. Such next-generation vaccines hold potential to broaden protection against known and future variants, reduce dosing through single-dose primary regimens with extended duration of protection (i.e., longer interval between boosters or possible elimination of boosters altogether), and reduce costs by increasing manufacturing yields and extending shelf life.
 - *Maintain our domestic testing capacity beyond June.* After spending the last year building up our testing capacity, that progress will be squandered, the Administration will be unable to help keep domestic manufacturers online starting in June. That means, heading into the second half of the year, there will be significantly diminished domestic testing capacity and we may be unprepared for surges.
- **Scaling Back Planned Purchases of Preventive Treatments for Immunocompromised:** The federal government has been planning to move forward with a purchase of preventative treatments for the immunocompromised as soon as March 31 that would begin delivery in September, once the treatments are manufactured. However, absent additional funding the federal government will now be forced to scale back that purchase of treatments for our most vulnerable. Because these treatments take more than 6 months to manufacture, the United States will likely not have enough of

these treatments by the end of the year. And being unable to make additional purchase commitments now likely means that fewer treatments will be available next year as well.

- **Reducing Ability to Rapidly Identify and Assess Emerging Variants.** Robust surveillance and research are critical to identify, understand and monitor emerging variants. With reduced capability to perform adequate surveillance, the country will be prone to being “blindsided” by future variants. In the absence of funding to immediately assess lab-based efficacy and real-world effectiveness of existing vaccines and treatments as new variants emerge, health care professionals will be forced to make insufficiently informed treatment decisions. The Administration will need to wind down some COVID surveillance investments, leaving us less able to detect the next variant.
- **Damage to Global Vaccination and COVID-19 Treatment Efforts:** Without additional funding to support getting shots into arms, USAID and interagency partners will have to cut short efforts to turn vaccines into vaccinations across the globe. Leaving large unvaccinated populations worldwide will increase the risk of new deadly variants emerging that could evade our current vaccines and treatments. Without additional funds, the Administration would be unable to extend Global VAX surge support to 20+ additional under-vaccinated countries that will need intensive support this year to get shots in arms. This will devastate our ability to ensure those countries can effectively deploy safe and effective vaccines. USAID will also be unable to provide life-saving supplies, tests, therapeutics, oxygen, and humanitarian aid to countries still struggling to manage a continuing COVID disease burden.

We continue to urge Congress to promptly provide the critical funds needed to prevent severe disruptions to our COVID response.

Sincerely,



Shalanda D. Young
Acting Director
Office of Management and Budget



Jeffrey D. Zients
White House Coordinator for
COVID-19 Response

Identical Letters Sent to:

The Honorable Kamala D. Harris
The Honorable Patrick J. Leahy
The Honorable Richard Shelby
The Honorable Charles E. Schumer
The Honorable Rosa L. DeLauro
The Honorable Kay Granger
The Honorable Nancy Pelosi