SENATE APPROPRIATIONS COMMITTEE: REVIEW OF CORONAVIRUS RESPONSE EFFORTS

EXECUTIVE SUMMARY

The Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies convened a hearing to examine the Trump Administration's COVID-19 response efforts. Top officials from the Department of Health and Human Services (HHS) testified about efforts to increase testing capacity and the development of a COVID-19 vaccine. The Centers for Disease Control and Prevention (CDC) Director Dr. Robert Redfield also testified about the agency's efforts to support states in conducting tests and preparing to distribute routine and COVID-19 vaccines. Members of the Committee questioned the witnesses on the current testing capacity and recent CDC testing recommendations, with an emphasis of ensuring that federal agencies remain free from political interference. Other members focused on COVID-19 vaccine development and distribution plans, and how COVID-19 appropriations are being utilized.

OPENING STATEMENTS

In his opening statement, **Subcommittee Chairman Roy Blunt (R-MO)** detailed how the Administration's response to the COVID-19 pandemic has been inadequate at times due to the lack of knowledge about the virus. He further explained that many pandemics have had a similar response and there is a need to implement lessons learned for future pandemics. Chairman Blunt referenced efforts to date, including numerous emergency use authorizations (EUAs) for diagnostic tests and increased funding for the National Institutes of Health (NIH) to develop medical countermeasures. He then expressed support for the continual funding of these efforts to ensure that the country is ready for the next pandemic.

Subcommittee Ranking Member Patty Murray (D-WA) began her opening statement by emphasizing the need for national leadership that can take the COVID-19 pandemic seriously. Ranking Member Murray mentioned how President Trump requested for testing to be slowed down and pushed for the EUA of convalescent plasma and she expressed concern that the federal agencies' decisions may be influenced by political pressure. She also referenced the recent report that HHS may have interfered with the CDC Morbidity and Mortality Weekly Report (MMWR) to present better COVID-19 statistics. She urged that the agencies rely solely on science to make their decisions and develop a comprehensive plan to coordinate vaccine distribution.

WITNESS TESTIMONY

Assistant Secretary for Health Admiral Brett Giroir focused his testimony on recent efforts to increase COVID-19 testing capacity. He noted that through mitigation measures, such as wearing a mask, social distancing, and washing hands, and smart testing, the nation is seeing positive trends in the pandemic subsiding. He detailed that the number of new cases is down 48 percent, the number of hospitalized patients is down 49 percent, and deaths are down 33 percent. Admiral Giroir also explained that through new contracts, the United States will soon reach a testing capacity of 300 million tests per day, half of which would be rapid point-of-care tests, such as the Abbott BinaxNOW test. He also noted that every nursing home in the country has now received rapid point-of-care testing instruments and necessary testing supplies. He concluded that future testing efforts will focus on providing rapid point-of-care test to schools and universities to ensure that they can remain open.

Assistant Secretary for Preparedness and Response (ASPR) Dr. Bob Kadlec testified about HHS's COVID-19 vaccine development efforts. Dr. Kadlec detailed how important the supplemental appropriations have been to the accelerating the vaccine development timeline and other medical countermeasures. He further explained that ASPR and the Biomedical Advanced Research and Development Authority (BARDA) have partnered with the pharmaceutical industry to simultaneously test and manufacture vaccine candidates. He also noted that have funds have been used to distribute remdesivir and cloth face coverings and to replenish the strategic national stockpile (SNS) through the leveraging of the Defense Production Act (DPA).

In his testimony, **CDC Director Dr. Robert Redfield** spoke about the agency's efforts to bring scientific expertise to the frontline of the pandemic. Dr. Redfield urged all Americans to embrace the current tools available, such as wearing a mask, avoiding crowds, and washing hands, to further mitigate the spread of the virus. He also stressed the importance of receiving the flu vaccine this fall and encouraged all Americans to embrace the vaccine with confidence. To support this effort, Dr. Redfield noted that the CDC has purchased an additional 9.3 million flu vaccine doses and is working with existing state recipients to coordinate flu vaccine efforts. He also detailed that the CDC released a COVID-19 vaccine distribution framework for states today, and the agency will assist states in implementing the framework. He concluded that the CDC will continue to work on the disproportionate impact the pandemic has had on racial and ethnic minorities.

MEMBER DISCUSSION

Testing Capacity and Testing Recommendations

Chairman Blunt detailed how tests are essential for returning to work and school and how the NIH-sponsored "Shark Tank" initiative has resulted in 16 new testing technologies. He then asked Admiral Giroir what the testing capacity would be in October. Admiral Giroir responded that the United States will have the capacity for 125 million tests, but not all of those will be conducted because the demand does not require it. He continued to explain that most will be rapid point-of-care tests, which are not as sensitive, but provide rapid results.

Sen. Brian Schatz (D-HI) questioned the previously mentioned testing capacity numbers because recent data shows that testing numbers are around 800,000 tests per day. Admiral Giroir replied that some states have declining numbers in tests because they are not conducting as many because the demand is lower. Sen. Schatz then asked if the lower testing numbers were due to a supply chain issue. Admiral Giroir stated that there is no supply chain issue and those who want a test can get a test.

Sen. Dick Durbin (D-IL) mentioned President's Trump request to slow down testing and questioned whether the Administration should instead be encouraging that tests are good. Admiral Giroir stated that he has never be told to decrease testing and all his efforts have been to increase testing as much as possible. He further detailed that his main priority is getting the right test to the right person at the right time.

Sen. Jeff Merkley (D-OR) referenced recent CDC guidance that no longer recommended testing asymptomatic individuals and asked why this change was made if testing capacity was increasing. Dr. Redfield explained that many people misinterpreted the guidance and that he promptly published a response to correct any misinterpretation. He further detailed that the guidance was intended to prioritize the testing of those who were at most risk of being symptomatic and encourage asymptomatic testers to accompany their test with a corresponding public health action, such as seeing a doctor, or quarantining.

Federal Agency Independence

Ranking Member Murray stated that she was troubled by the report of political pressure on scientific decisions and asked whether HHS compromised the MMWR. Dr. Redfield explicitly stated that the entirety of the CDC respects and upholds scientific integrity and the MMWR has not been compromised. Ranking Member Murray then asked how federal agencies will ensure that political interference does not affect decisions. Dr. Redfield replied that the CDC is committed to providing the American people the best scientifically based advice on public health practices. Admiral Giroir echoed this commitment.

COVID-19 Vaccine

Sen. John Kennedy (R-LA) asked when a COVID-19 vaccine would be ready to administer to the public. Dr. Redfield stated that an initial vaccine could be ready between November and December, but supply would be limited, and distribution would be prioritized. He further detailed that those populations not initially prioritized would likely receive a vaccine by late quarter 2 or quarter 3 of 2021. **Sen. Lindsey Graham (R-SC)** followed up and asked how long it would take to vaccinate the American public, to which Dr. Redfield replied that it would take six to nine months to accomplish.

Sen. Merkley referenced the recent CDC letter to the states urging them to prepare a COVID-19 vaccine distribution plan by November 1 and asked if this date was selected for political reasons. Dr. Redfield responded that there was not political interference, but rather the CDC wanted to have states prepared as early as possible to avoid any delays in distribution.

Sen. Jack Reed (D-RI) and Sen. Graham asked if the states have the necessary support and resources to implement the vaccine distribution plans. Dr. Redfield stated that the CDC is providing technical support for the states in developing their distribution plans, but additional funding would be needed to successfully implement the plans. **Sen. Cindy Hyde-Smith (R-MI)** then asked if any attention has been paid to challenges of distributing vaccines in rural areas. Dr. Redfield responded that the CDC is working on developing rural partnerships with the goal of improving the acceptance of vaccines in general.

Sen. James Lankford (R-OK) asked if any additional appropriations were need for the production and distribution of COVID-19 vaccines. Dr. Kadlec responded that the current funding level is adequate for the initial development phase, but additional funding may be needed to expand the production of successful candidates or to replace failed candidates.

COVID-19 Appropriations

Several senators expressed concern that the appropriated COVID-19 funds are not be used as allocated despite the persistent health care provider need for additional supplies and financial support. **Sen. Jeanne Shaheen (D-NH)** and **Sen. Tammy Baldwin (D-WI)** asked why only a portion of funds for personal protective equipment (PPE) and infection control have been used, while Chairman Blunt questioned the speed in which the Provider Relief Funds have been distributed. None of the members of the panel were able to answer these questions and committed to following up with answers after the hearing.