

SCOTT DESJARLAIS, M.D.

4TH DISTRICT, TENNESSEE

COMMITTEE ON AGRICULTURE

SUBCOMMITTEE ON
LIVESTOCK AND FOREIGN AGRICULTURE
SUBCOMMITTEE ON NUTRITION

COMMITTEE ON ARMED SERVICES

SUBCOMMITTEE ON STRATEGIC FORCES
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September 15, 2021

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Becerra,

We write to express our deep concerns with the U.S. Department of Health and Human Services' (HHS) announcement of temporary changes to its distribution policies for monoclonal antibody therapies.

As you are aware, this lifesaving COVID-19 treatment, which was granted Emergency Use Authorization by the Food and Drug Administration (FDA), has been shown to significantly reduce hospitalizations and deaths among coronavirus patients. The antibodies mimic the body's immune response, and treatment is most effective within 10 days of symptom onset. If treated within that time frame, studies have indicated the treatment to reduce the risk of hospitalization or death by 70%.

Monoclonal antibodies are a powerful tool in our Tennessee health care providers' arsenals. The federal government should do everything in its power to increase availability of treatment to areas in need, not limit it. While we are grateful for the safe and effective vaccines, which came about from President Trump's successful execution of Operation Warp Speed, many Tennesseans have undoubtedly avoided severe illness by utilizing treatment options such as monoclonal antibodies. Only an individual and their physician can decide the best course of action.

We request that you provide us with answers to the following questions by Friday, September 17, 2021.

1. Reports indicate that there is currently not a supply shortage of treatments, so why is the agency limiting supply? Can HHS provide transparency into what the actual problem is?
2. What is the department's plan for ensuring that treatments are available to those who need it?

3. What is the current allocation process and what will it look like going forward? How is the allocation process being determined?
4. Does HHS have a policy for distribution of monoclonal antibodies based on a criteria of patient symptoms?

Sincerely,

A stylized, handwritten signature in blue ink, consisting of a large, sweeping arch over a smaller, more defined shape.


Scott DesJarlais, M.D.
Member of Congress

A handwritten signature in blue ink, featuring a prominent, sharp peak followed by a series of connected loops.

Tim Burchett
Member of Congress

A handwritten signature in blue ink, with the first name 'Mark' clearly legible and the last name 'Green' in a cursive script.

Mark Green, M.D.
Member of Congress

A handwritten signature in blue ink, with the first name 'Charles' and middle initial 'L.' clearly legible, followed by the last name 'Fleischmann'.

Charles Fleischmann
Member of Congress

A handwritten signature in blue ink, with the first name 'Diana' clearly legible and the last name 'Harshbarger' in a cursive script.

Diana Harshbarger
Member of Congress

A handwritten signature in blue ink, with the first name 'David' clearly legible and the last name 'Kustoff' in a cursive script.

David Kustoff
Member of Congress

A handwritten signature in blue ink, with the first name 'John' and middle initial 'W.' clearly legible, followed by the last name 'Rose'.

John Rose
Member of Congress