

# Federal and Congressional Response to Zika Outbreak



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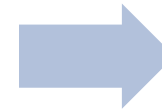
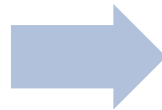
# Overview

- Administrative and Congressional Role in Zika Preparedness and Response
- Protracted Federal Funding Battle
- Current Status of CR, Zika Funding
- Potential Impact on Clinicians and Pregnant Women

# Federal and Congressional Response to Zika Outbreak

- US Government (USG) Zika Response Plan
  - Multi-agency federal effort to coordinate and leverage resources to prepare and respond to the Zika outbreak – HHS at helm
- A key objective is to minimize the impact on affected communities:
  - Effective vector control (FDA, CDC, EPA, etc.)
  - Disease tracking through environmental and human surveillance systems (CDC etc.)
  - Clinical and non-clinical support services (CDC, HRSA, SAMHSA, etc.)
  - Training for health care providers (ASPR etc.)
  - Vaccine development (NIH, FDA, CDC, etc.)
- Other objectives focused on technical and other assistance to affected countries (USAID, etc.); and unified coordination, communication, and information sharing with stakeholders (ASPR, CDC, etc.)
- Congress must authorize and appropriate sufficient resources for Zika research, prevention treatment and more (also: priority-setting)

# Protracted Zika Federal Funding Battle



**Feb. 1, 2016:**  
Zika declared “public health emergency”

**Feb. 22, 2016:**  
WH submits \$1.9B Zika emergency supplemental request to Congress

**May 2016:**  
Chambers pass divergent Zika supplemental measures (H: \$622M; S: \$1.1B)

**June – Sept. 2016:**  
House-backed \$1.1B Zika conference agreement stymied in Senate due to contentious policy riders



# Meanwhile, amid Congressional Discord...

- Since April, White House has reprogrammed ~\$700M in existing unobligated (mostly Ebola) funds as temporary “stop-gap”
  - Funds used for mosquito control surveillance and laboratory capacity; improved diagnostics and vaccines; support for affected expectant mothers and more
- Additional federal funding necessary to meet emergent need
  - By late June, a Florida hospital reported first case of baby born with Zika complications
  - By late August, the CDC announced near-exhaustion of its \$222M (repurposed) Zika allocation and HHS indicated NIH vaccine development could be hampered
- Transmission and health effects are more prevalent and serious than first understood
  - 43 locally acquired mosquito-borne cases, along with 3,314 travel-related infections (CDC, Sept. 21)



# Enter: Short-term CR



- Action needed to fund the government beyond Sept. 30, 2016
- Vehicle: FY 17 Legislative Branch spending bill (H.R. 5325)
- CR deliberations hampered by political jockeying around contentious “policy riders” and offsets
- Last Thurs., Senate GOP unveiled short-term CR (through Dec. 9) that includes \$1.1B in FY 16 emergency supplemental Zika funding
  - Lower than POTUS’ \$1.9B request but more than House GOP previously proposed (\$622M)
- Initial cloture vote scheduled for tomorrow (Tues.) afternoon
- House expected to vote on Senate approved package this week

# Details of Zika Spending Package: Implications for Clinicians and Pregnant Women

- Total of \$1.7B available – including \$1.1B in the CR – to respond to Zika
- Three key areas:
  - Health care reimbursements: \$75M for persons without private insurance
  - Public health preparedness: \$44M for state public health preparedness
  - Vaccine development and diagnostics: \$397M
- Puerto Rico & US territories:
  - \$20M maternal & child health projects; \$40M Community Health Centers; and \$60M Nat'l Health Service Corps
- \$145.5M in Global Health Program funding to implement vector management and reduce transition
- Hyde Amendment: \$ cannot be used for elective abortion
- Short-term CR tees-up year-end action on an omnibus measure to set fiscal policy for the rest of the 2017 fiscal year
  - Democrats may vie for additional Zika funding in broader package
- Funding necessary for comprehensive follow-up of children born to pregnant women with Zika; development of faster and more accurate diagnostic tests; etc.

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THANK YOU