Dear Senators Cochran, Mikulski, Blunt and Murray and Representatives Rogers, Lowey, Cole and DeLauro:

On behalf of the undersigned organizations, we are writing in support of the President’s $1.8 billion emergency funding request and for sustained federal funding related to responding to the Zika virus via public health programs. The effects on fetuses and newborns, including the devastating effects on the developing fetal brain, is a major health concern related to Zika infection. The health of women, infants and children is central to our mission, and we believe that the response by the government at home and abroad is essential to ensure that the American people are protected.

As the epidemic spreads we are growing increasingly concerned about maternal-fetal transmission, the immune response, and the potential causal relationship to fetal microcephaly and abnormal brain development. What we have determined so far may be the tip of the iceberg, and we are concerned that other, more subtle effects may not be discovered until the children are older. As we all work together to answer these pressing questions, it is imperative that the scope of the response be broader than emergency funding.
February 12, 2016

As health care professionals and consumers, we are in daily contact with women, children and families threatened by the Zika virus. As we learn more about the virus’ origins and transmission, and the particularly devastating effects on the developing fetus, we urge you to ensure that the appropriate federal programs are prioritized through the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), National Institutes of Health (NIH), and Health Resources and Services Administration (HRSA).

We urge you to act quickly in providing the President’s requested $1.8 billion - $1.48 billion of which would be provided to the U.S. Department of Health and Human Services (HHS). This funding, outlined in the President’s request, includes $828 million for CDC surveillance activities and $200 million for vaccine research and diagnostic development and procurement. These key activities would track the Zika virus in communities along with its vector, expand the CDC’s Pregnancy Risk Assessment Monitoring System to detect risks related to Zika, increase research into the link between Zika infections and microcephaly – including to measure change over time – and expand research and development at the NIH for a vaccine for Zika.

Beyond a targeted surge in surveillance and research this year, we urge you to also consider and address longer-term effects of the Zika virus on the pregnant population, including assessing where appropriate via CMS and HRSA, coverage for services associated with management of women at risk for Zika virus infection as new protocols and clinical practice guidelines are implemented. There is, and will continue to be, a need for additional testing, counseling and evaluation for those patients and their children. The CDC now recommends testing for any pregnant woman who travelled to any of the affected areas. Given that these affected areas encompass most of the Americas, and the potential that infection may spread in the USA, we expect that a large proportion of pregnant women will require some testing and follow up. State Title V Maternal and Child Health Services Block Grant programs in particular develop and support systems of care for children and youth with special health care needs and may be called upon to provide additional services as well. Without additional resources, the health care system will not be able to keep up with the increase in demand for services related to testing and follow up of pregnant women and their children.

Given limited investments in public health infrastructure, such surge funding for emergent threats like Zika is necessary. However, it remains important for Congress to support infectious disease surveillance and research through consistent annual appropriations to help avert these situations in the future.

Thank you for your consideration of this request. For further information or should you have any questions, please contact Katie Schubert with the Society for Maternal-Fetal Medicine at (202) 484-1100 or kschubert@dc-crd.com.

Sincerely,

American Academy of Pediatrics
American Association of Nurse Practitioners
American College of Nurse Midwives
American Congress of Obstetricians and Gynecologists
American Nurses Association
Association of Maternal and Child Health Programs
Association of University Centers on Disabilities
Association of Women's Health, Obstetric and Neonatal Nurses
Genetic Alliance
March of Dimes Foundation
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Birth Defects Prevention Network
National Family Planning and Reproductive Health Association
Society for Maternal-Fetal Medicine
Society for Women's Health Research
The Arc
Trisomy 18 Foundation