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Congress of the United States
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IN EUROPE (U.S. HELSINKI COMMISSION)

September 23, 2021

The Honorable Joseph R. Biden, Jr., President
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear President Biden,

I am writing to request that your administration take action to ensure that monoclonal antibodies are more readily available for patients with COVID-19. I also urge the National Institute of Health (NIH) to reconsider the prioritization of the treatment to people to who have chosen to not get vaccinated over vaccinated individuals with other comorbidities. Additionally, NIH should provide guidelines to states regarding the distribution of the treatment based on a combination of population and prevalence of COVID-19 cases.

With the rise of the Delta variant of COVID-19 across the country, particularly within my home state of Tennessee which now leads in the number of new cases per 100,000 population, monoclonal antibodies have become one of the most effective treatments to limit serious effects from the virus. The NIH states on its website, dated September 3, that there are no shortages of monoclonal antibodies. However, Tennessee received only 7,644 doses of monoclonal antibodies this week, and state officials have signaled that it may not be enough doses for everyone who would benefit from the treatment. State officials have also said that they are unsure of the quantity of doses that will be received week-to-week.

Citing the guidelines on the NIH's website, Tennessee Governor Bill Lee and the Tennessee Department of Health have recommended to physicians that people who are unvaccinated against COVID-19 be prioritized for monoclonal antibody treatment over people who are vaccinated. People who have ignored countless calls to receive an FDA-approved COVID-19 vaccine should not be prioritized over other people who received the vaccine in their best effort to protect themselves, their families, and their community. Doing so provides a disincentive to people who have not yet been vaccinated when Tennesseans, with a full vaccination rate of only 51%, need more incentives to be vaccinated. We know that people who have comorbidities such as heart conditions, severe obesity,

diabetes, chronic kidney disease (or undergoing dialysis), liver disease, chronic lung disease or moderate to severe asthma, or people who have a weakened immune system are more susceptible to severe illness or death from COVID-19. People who have these comorbidities and received the vaccine should not lose out on receiving monoclonal antibodies to people who actively chose not to get vaccinated at any point during the past 10 months, especially with vaccines so readily available.

Further, the U.S. Department of Health and Human Services reported that this week's distribution availability for each state and territory was based on past 7-day incident hospitalizations and past 7-day incident case counts. While determining weekly allotments of monoclonal antibodies based on the previous 7 days can help direct how many doses to send to each state, there are some reports out of Tennessee that physicians are rationing the antibodies because they are unsure of how much will come in their next shipment, if any. I request that your administration work to develop a system of distribution that will provide a sense of how many doses will be received a few weeks in advance, much like was developed for the vaccines earlier this year, so that physicians will not feel the need to limit doses unnecessarily. The distribution system should also advise states to distribute the monoclonal antibodies based on a combination of population and prevalence of COVID-19, and not solely on geography.

I appreciate your consideration of the request to prohibit the prioritization of unvaccinated COVID-19 patients and the development of a distribution system of monoclonal antibodies that will require states – and physicians – to better care for those who seek treatment for COVID-19.

As always, I remain,

Most Sincerely,



Steve Cohen
Member of Congress

Cc: Dr. Francis Collins, Director
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