

9700 W. Bryn Mawr Ave., Ste. 200 Rosemont, IL 60018 www.aapmr.org PHONE 847.737.6000 FAX 847.754.4368 info@aapmr.org

President

Deborah A. Venesy, MD, FAAPMR

President-Elect

Steven R. Flanagan, MD, FAAPMR

Vice President

D.J. Kennedy, MD, FAAPMR

Secretary

Amy J. Houtrow, MD, PhD, MPH, FAAPMR

Treasurer

Scott R. Laker, MD, FAAPMR

Past President

Stuart M. Weinstein, MD, FAAPMR

Members-at-Large

Lisa A. Merritt, MD, FAAPMR Atul T. Patel, MD, MHSA, FAAPMR David W. Pruitt, MD, FAAPMR Kerrie M. Reed, MD, FAAPMR

Strategic Coordinating Committee Chairs

Inclusion & Engagement Carla P. Watson, MD, FAAPMR

Medical Education

John C. Cianca, MD, FAAPMR

Quality, Practice, Policy & Research Thiru M. Annaswamy, MD, MA, FAAPMR

Specialty Brand Expansion Andre Panagos, MD, FAAPMR

Ex Officio Non-Voting Liaisons

PM&R, Editor-in-Chief Janna L. Friedly, MD, MPH, FAAPMR

President, Physiatrist in Training Council Heidi Chen, MD

Executive Director & CEO
Thomas E. Stautzenbach, MA, MBA, CAE

February 4, 2022

The Honorable Patty Murray Chair, U.S. Senate Committee on Health, Education, Labor and Pensions 428 Dirksen Office Building Washington, DC 20510 The Honorable Richard Burr Ranking Member, U.S. Senate Committee on Health, Education, Labor and Pensions 428 Dirksen Office Building Washington, DC 20510

Re: Discussion Draft of the PREVENT Pandemics Act

Dear Chairwoman Murray and Ranking Member Burr,

On behalf of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), thank you for the opportunity to provide input on the discussion draft of the PREVENT Pandemics Act. I appreciate your work to ensure that our nation learns from the past two years and is prepared for the next pandemic. In addition to the acute illness the next pandemic will cause, it is imperative to prepare for any associated post-viral, potentially long-term illness.

AAPM&R is the national medical specialty organization representing more than 10,000 physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, are medical experts in treating a wide variety of conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disabilities, and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting edge as well as time-tested treatments to maximize function and quality of life. Due to their training and expertise, PM&R physicians are uniquely qualified to help guide the multidisciplinary planning effort needed to address the rehabilitation and care needs of this rapidly growing patient population.

Post-Acute Sequelae of SARS CoV-2 (PASC), also known as "Long COVID," is not the first post-viral illness and Dr. Fauci began warning us about post-viral syndromes of COVID at least as early as July 2020. Yet we still do not have a comprehensive plan in place to address the Long COVID crisis, leaving patients facing disparate access to clinical care and benefits, often not even acknowledged for their debilitating condition.

¹ Citroner, G. Fauci Warns About 'Post-Viral Syndrome' After COVID-19. *Healthline*. July 16, 2020. Available here https://www.healthline.com/health-news/fauci-warns-about-post-viral-syndrome-after-covid-19.



aapm&r



PHONE 847.737.6000 FAX 847.754.4368 info@aapmr.org

An estimated 10-30% of individuals infected with COVID-19 develop Post-Acute Sequelae of SARS-CoV-2 infection ("PASC" or "Long COVID"), regardless of whether these individuals exhibited COVID-19 symptoms. Due to the high infection rate in the United States, 7 to 22 million Americans are likely to experience the varied and often debilitating PASC symptoms, preventing them from fully returning to their communities and America from restoring economic stability. We are already seeing the economic impact of Long COVID on Americans, with these symptoms being reported as a leading cause of America's labor shortage, forcing 1.6 million people out of the full-time workforce.2

We appreciate the inclusion of Section 301 in the discussion draft to further bolster the research efforts being undertaken to better understand the mechanisms of Long COVID. We believe strongly that a comprehensive federal plan is needed to defeat this national crisis. AAPM&R represents physicians who treat these patients daily and witness the lack of coordinated, multidisciplinary resources needed to treat the influx of individuals impacted by PASC. A comprehensive national plan must include a commitment to three major priorities: (1) Resources to build necessary clinical infrastructure to address the needs of patients with PASC; (2) Equitable access to care for all patients affected by PASC; and (3) Continued funding for research that advances a fundamental understanding of PASC and rapid dissemination of best practices to mitigate its effects. Having a national crisis plan in place for PASC will make it significantly easier to enact one quickly for the next post-viral illness. Regardless of whether such a plan is implemented for Long COVID, we need to be prepared for the next post-viral illness pandemic so that 7 to 22 million Americans³ or more are not left behind by their government again.

Thank you for your consideration of these comments and for looking ahead to the health and security of our nation. Please consider AAPM&R a resource as you and your offices continue to develop this important effort. For more information, please contact me at <u>rsingh@aapmr.org</u> or 847.737.6030.

Sincerely,

Reva Singh, J.D., M.A. Director of Advocacy and Government Affairs

² Reed, T and Peck, E. Long COVID is Contributing to America's Labor Shortage. Axios. February 3, 2022. Available here: https://www.axios.com/long-covid-is-contributing-toamericas-labor-shortage-89311a9c-601b-4f14-8654-f0fdd767d48e.html

³ AAPM&R's PASC Dashboard. https://pascdashboard.aapmr.org/