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March 29, 2023

The Honorable Bernie Sanders
Chair
Senate Health, Education, Labor, and Pensions Committee
Washington, DC 20510

The Honorable Bill Cassidy, MD
Ranking Member
Senate Health, Education, Labor, and Pensions Committee
Washington, DC 20510

The Honorable Robert P. Casey, Jr.
U.S. Senator
Senate Health, Education, Labor, and Pensions Committee
Washington, DC 20510

The Honorable Mitt Romney
U.S. Senator
Senate Health, Education, Labor, and Pensions Committee
Washington, DC 20510

Dear Chairman Sanders, Ranking Member Cassidy, Senators Casey and Romney:

I write on behalf of the Association of American Medical Colleges (AAMC) to thank you for your bipartisan efforts to improve the country's medical and public health preparedness. We appreciate the opportunity to provide comments on the Pandemic and All-Hazards Preparedness Act (PAHPA) reauthorization request for information (RFI) you issued on March 15.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 157 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers.

While the COVID-19 public health emergency declaration may be coming to an end, AAMC members will continue to play a critical role on the front lines of the pandemic response through their research, clinical care, education, and community collaboration missions. They have seen and experienced first-hand the challenges that patients, the public health and health care systems,

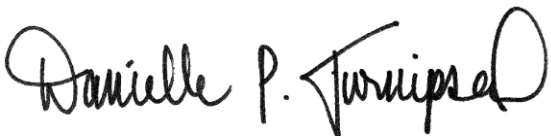
communities, and the nation still face in combatting active COVID-19 infections, addressing long-term symptoms of the disease, and grappling with the inequities heightened by the pandemic. These experiences build on a long history of mobilizing in response to local, regional, and national crises and threats. As a result, academic medical centers offer a unique perspective and understanding of the lessons learned.

We were pleased that Congress enacted many provisions from the PREVENT Pandemics Act in 2022 and that lawmakers are continuing to consider opportunities to strengthen the nation's preparedness and response infrastructure in 2023 through reauthorization of the Pandemic and All-Hazards Preparedness Act. We have attached to this letter our feedback in response to your PAHPA reauthorization RFI, drawing in part from recommendations the AAMC prepared in June 2021 on COVID-19 "lessons learned" and from a September 2021 report of the AAMC Research and Action Institute, and we welcome the opportunity to provide more detailed feedback as Congress moves forward with the reauthorization process.

In addition to including critical provisions supporting the nation's essential public health infrastructure, the AAMC recommends attention to clinical preparedness as an important complement. For example, the AAMC encourages specifying representation of the provider community – and in particular, academic medical centers, who often play a central role in communities' preparedness and response – among participants of various advisory committees and decision-making bodies. Allowing for further formal engagement between academic medical center leaders and officials at the federal, state, and local levels, especially in decision-making, can further improve the nation's prevention efforts and response to future threats. Our members' unique contributions to the nation's response complement, and cannot be substituted by, the irreplaceable role that public health officials across the country have played throughout the pandemic.

We appreciate the thoughtful, bipartisan approach you are taking to reauthorize PAHPA before it expires. We look forward to continuing this work with you, the Committee, and the full Congress toward our mutual goal of improving the nation's preparedness and response. If you have further questions on our feedback, please contact Tannaz Rasouli, Senior Director, Public Policy and Strategic Outreach, at trasouli@aamc.org, or Katherine Cruz, legislative analyst at kcruz@aamc.org.

Sincerely,



Danielle Turnipseed, JD, MHSA, MPP
AAMC Chief Public Policy Officer

cc: David J. Skorton, MD,
President and CEO

AAMC FEEDBACK ON THE PAHPA REAUTHORIZATION RFI

Submitted to Senate HELP Committee Chair Sanders, Ranking Member Cassidy, Senators Casey and Romney

March 29, 2023

Program Effectiveness

What specific changes could Congress make to improve the efficiency and effectiveness of current HHS programs and activities? Specifically:

Public Health Emergency Coordination and Policy

- The AAMC notes that through the course of the COVID-19 public health emergency, ASPR, CDC, and HHS more broadly were limited in some ways in their ability to respond due to limited authorities related to contracting, construction and maintenance of facilities, and workforce. Understaffing is a challenge under normal circumstances, but in the midst of a public health emergency, limiting the ability of agencies to hire and compensate people for their expertise only heightens risk.
- While the Department of Defense, which is granted many of these authorities, proved to be an important and effective partner in the federal response, the AAMC urges lawmakers to consider applying some of these "lessons learned" to help facilitate a more agile, timely, and effective response within these key agencies and the Department of Health and Human Services as well, without needing to rely on the Department of Defense.

Medical Countermeasures Development and Deployment

- The AAMC recommends making reliable investment in the SNS a priority to ensure its inventories are current and sufficient at least until manufacturers reasonably can ramp up production to meet increased demand.
- With respect to the supply chain more broadly, ensuring geographic diversity of vendors and domestic manufacturing capacity, including fostering a better working partnership with the private sector on the manufacturing and development of key components of diagnostics, treatments, and vaccines, will be essential. Additionally, in the same way that health care providers regularly participate in preparedness exercises, individual elements of the supply chain should conduct regular preparedness drills in anticipation of future threats and to ensure the ability to ramp up production in an emergency.
- Prior to the next pandemic threat, there needs to be a process in place to define how states and other entities will receive diagnostics, treatments, vaccines, and/or supplies, and what the federal government's expectations are for how states allocate and track use of these resources, with a focus on equitable and need-based distribution. Relying solely on a decentralized approach driven primarily by state governments leads to inconsistencies, confusion, and planning challenges for both states and health care providers.
- Promote better coordination and partnerships between state and local public health teams and hospitals to coordinate reserves of supplies and identify in advance what is needed in different health emergency scenarios.

- Develop and maintain a centralized electronic system to ensure a stockpile of testing supplies specifically and to quickly assess U.S. testing capacity based on all available testing components across sectors and geographic regions.

Support for Jurisdictional Preparedness and Response Capacity

- The PHEP program plays an important role in supporting public health infrastructure, and the AAMC supports a strong authorization and funding level.
- The AAMC also recognizes the important role of HPP as a complement to the PHEP program in enhancing the preparedness of health care partners via awards provided by public health departments. We urge Congress to ensure robust authorization and funding levels for the program.
- In addition to support for "health care coalitions" through the HPP program, the AAMC supports ASPR's recent efforts to explore ways to ensure hospitals and health systems can receive dedicated funding for preparedness directly, including in developing regional emergency and disaster response systems. Importantly, these resources should supplement, rather than supplant the existing PHEP and HPP programs that serve a broad array of public health and health care constituencies.
- For example, expanding and scaling up existing networks that have been established to address special pathogens and disaster response will help promote heightened clinical preparedness capacity. We recommend creating a separate authorization line item for the RDHRS, National Emerging Special Pathogens Training and Education Center (NETEC) program, and other related programs, to distinguish them from HPP and avoid supplanting either investment.
- It will be critical to ensure these systems are funded with the necessary resources, and we encourage these investments to be provided as a separate line item to ensure they are complementary, rather than competing investments in preparedness.
- To ensure that planning includes the needs of at-risk and marginalized communities, we recommend promoting meaningful community engagement and outreach between health departments at all levels, stakeholders, and underserved communities when developing response plans to better mitigate language barriers, cultural disconnects, and lack of access to care.

<u>Gaps in Current Activities & Capabilities</u>

1. What gaps do you see in the PAHPA framework, or how it has been implemented to date? (These gaps could be related to any of the programs noted above, or other aspects of the public health and medical preparedness and response ecosystem that are otherwise currently unaddressed.)
    - The current framework focuses limited investment and focus on clinical preparedness; in addition to the need for investments in public health infrastructure, investing in clinical preparedness is complementary to, but distinct from public health preparedness.
    - A major challenge in both normal circumstances and times of crisis continues to be ensuring that the workforce supply matches the demand for care. We recommend bolstering the health workforce at facilities across the country to

mount an effective response to public health crises and address challenges related to workforce staffing issues, especially in emergencies, by:
    - Increasing federal support for physician training through the bipartisan Resident Physician Shortage Reduction Act;
    - Investing in the Health Resources and Services Administration (HRSA) Title VII health professions and Title VIII nursing workforce development programs, including providing ample funding for the HRSA Title VII Public Health Loan Repayment program; and
    - Investing in the National Health Service Corps (NHSC), Teaching Health Centers Graduate Medical Education program (THCGME), and public service loan repayment programs offered by HRSA, the NIH, the Department of Education, the Department of Veterans Affairs, the Department of Defense, and the Indian Health Service, which provide effective, targeted incentives for recruiting physicians and other health professionals to serve specific vulnerable populations.
- A lack of investment in and attention to data infrastructure also hampers the response. To promote data modernization, we suggest that lawmakers:
    - Invest in data modernization by providing reliable funding to modernize and maintain data systems at public health departments and the digital architecture of health care facilities nationwide
    - Identify essential data elements in advance by establishing a working group convened by the Government Accountability Office, the National Academies of Medicine, or another body to determine and define a manageable minimum set of key data elements that are essential for decisionmakers at the local, state, and federal levels to facilitate an effective and rapid response to any public health emergency.

2. Additionally, aside from currently authorized programs and activities, what gaps exist in HHS' capabilities, and what types of activities or authorities are necessary for HHS to fulfill the intent of PAHPA and related laws?
    - Ongoing investments in key public health, medical research, and health care preparedness programs are critical to prevent and respond to emerging threats. Too often, however, investments in these important priorities have been limited by impractical discretionary spending allocations that handcuff the ability of appropriators to invest sufficiently and do not reflect the bipartisan recognition of the importance of these programs. Lawmakers can consider exempting key HHS agencies and health programs (Centers for Disease Control and Prevention, National Institutes of Health, and ASPR) from discretionary spending limits to ensure that appropriators have the necessary flexibility to invest in key priorities without risking underinvestment in other core elements of our public health infrastructure, potentially through creation of a new budget category.
    - Additionally, the AAMC continues to support robust investment in the Public Health Emergency Fund and the Infectious Disease Rapid Response Reserve Fund, which are intended to provide a "bridge" until Congress can appropriate the needed resources for a particular crisis. Ensuring the availability of such resources is essential to supporting an agile, timely federal response to crises while they still can be contained.

- It is important to note, however, that as critical as emergency supplemental funding is in addressing the unique, one-time needs associated with different crises, it is no substitute for sustained, robust investments over the long term. To the extent possible, lawmakers should prioritize mechanisms that allow for reliable, uninterrupted funding for such programs and agencies – including through dedicated and protected line items for priority programs, no-year funding as appropriate, and mandatory appropriations – with the appropriate oversight from key Congressional committees.

Partnerships

What specific steps could Congress take to improve partnerships with states and localities, community-based organizations, and private sector and non-government stakeholders, such as hospitals and health care providers, on preparedness and response activities? For example:

1. How can these entities be better supported in appropriately engaging with the federal government to understand available resources, capabilities, and expectations prior to, during, and following a public health emergency?
    - Officials at the federal, state, and local levels all formally should engage academic medical center leaders to inform their decision-making. With their clinical, research, education, and community missions, medical schools and teaching hospitals offer unparalleled expertise that is critical in addressing multiple dimensions of a pandemic or other public health emergency.
    - Both the federal government and states need to have roles during a pandemic, and these should be delineated ahead of time and confirmed at the beginning of the pandemic (as the roles could vary depending on the pandemic). We recommend providing clearer guidance on the role of states under a pandemic to ensure that the nation as a whole is taking steps to address and prevent a public health emergency.
2. How can foundational programs, such as the Public Health Emergency Preparedness cooperative agreements and the Hospital Preparedness Program, be improved to ensure state, local, and health system readiness to mount effective responses?
    - As described above, the PHEP and HPP programs play an important role in enhancing the nation's public health and clinical preparedness infrastructure. While structural changes may result in greater efficiencies in some areas, such efficiencies will be unattainable without sufficient resources.
    - In addition to ensuring adequate support for such programs, establishing a separate authorization and funding stream for clinical preparedness networks that currently operate under the auspices of the HPP program will be key in ensuring that these resources complement, rather than compete with the public health funding.