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April 21, 2023

The Honorable Mariannette Jane Miller-Meeks, M.D. U.S. House of Representatives Washington, DC 20515

Dear Rep. Miller-Meeks:

I write on behalf of the Association of American Medical Colleges (AAMC) in response to your April 5, 2023, request for information regarding the Centers for Disease Control and Prevention (CDC).

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.

Academic medical centers take seriously their role, through their missions, in promoting public health, engaging in emergency preparedness, and mounting effective responses to threats. They conduct cutting-edge medical research to improve health, deliver lifesaving patient care, and have years of experience in mobilizing resources during times of crisis, often leading regional responses in collaboration with their state and local departments of health, regional emergency management systems, and all other major players in emergency response. This unique proficiency helped to drive the nation's response to past crises – from natural and other disasters to public health emergencies and disease outbreaks such as measles, Ebola, and H1N1 – and has been a key asset in combatting COVID-19. In addition to helping in times of contagion and crisis, this commitment also is essential in promoting better quality of life and improved health among all individuals in the U.S. in the face of increasing burden of chronic diseases and in mitigating disparities among different populations nationwide.

Accordingly, the strength of the public health enterprise goes hand in hand with the success of the health care community in preventing and responding to both novel and daily threats.

Hospitals, physicians, and other health care providers make distinct contributions to public health and preparedness, and given their missions, academic medical centers in particular offer unique and valuable expertise. As you know, these contributions augment, and can neither be substituted by nor substitute for, the irreplaceable role that public health officials across the country and other community partners play in advancing population health.

Regrettably, decades of underfunding at the local, state, and national levels have substantially undermined the nation's public health infrastructure, a trend that must be reversed permanently. To date, the federal funding strategy for public health primarily has favored a crisis-response approach over robust, sustained investment, and fiscal challenges at the state and local level have further compounded the pressures on health departments nationwide. Under-resourced state and local health departments have been forced to manage a growing list of threats without commensurate support. Consequently, foundational public health capabilities have been strained at almost every level, as looming and ongoing threats far outpace available resources. This pattern only serves to undercut future opportunities to strengthen the agencies' efforts.

To enhance resilience against future pandemics and equip the nation to manage daily public health challenges, robust and sustained investment in the CDC and other elements of the nation's public health infrastructure is necessary. The AAMC joins 143 members of the CDC Coalition in urging Congress to provide at least \$11.6 billion for CDC in FY 2024. The broad-based nature of public health challenges necessitates broad-based investment; arbitrary limitations on such investments only weaken the nation's overall health. In addition to supporting a robust investment in CDC in the annual appropriations process, providing supplemental dedicated, reliable funding to reinforce foundational capabilities – such as bolstering public health surveillance and lab capacity, modernizing and enhancing communications infrastructure, and other capabilities outlined in the Public Health Infrastructure Saves Lives Act introduced in the 117th Congress – would help CDC and jurisdictional health departments recover some of the capacity they have lost over time. Likewise, a reliable commitment to global health security and surveillance must also be a priority. As COVID-19 has illustrated, in our increasingly interconnected world, an outbreak anywhere is a threat everywhere, and our greatest opportunity for preventing a pandemic from affecting the U.S. is to defeat it at its origin. Such an ambition will require an ongoing investment in a global health security agenda.

As the nation's response to the COVID-19 pandemic enters a new phase, it is important to identify and apply lessons learned from the experience not only to strengthen our preparedness for emerging threats, but also to continue to evaluate our national infrastructure to address ongoing public health challenges. The AAMC applauds CDC for undertaking a review of the agency's response to the pandemic and for launching the Moving Forward initiative with an emphasis on strengthening accountability, collaboration, communication, and timeliness. In particular, the focus on promoting a culture that drives collaboration with other agencies and the scientific community at large will be fundamental in achieving these goals. In tandem with a number of provisions from the PREVENT Pandemics Act enacted at the end of 2022, CDC is implementing a wide range of reforms to strengthen its operations. It would be premature to

draw conclusions about the effectiveness of such changes before they have had an opportunity to take effect.

In the meantime, some ongoing opportunities to address gaps exist. Throughout the course of the COVID-19 pandemic, CDC and other agencies under the Department of Health and Human Services were hampered in some ways in their ability to respond due to limited authorities related to contracting, construction and maintenance of facilities, and workforce. CDC Director Dr. Rochelle Walensky <u>outlined</u> a number of these limitations in testimony before the House Energy and Commerce Subcommittees on Health and Oversight & Investigations in February. **The AAMC encourages lawmakers to consider applying some of these "lessons learned" to facilitate a more agile, timely, and effective response within CDC and other key agencies.**

Importantly, while structural changes may result in greater efficiencies in some areas, we reiterate that such efficiencies will be unattainable without sufficient, reliable resources. We strongly urge Congress to make it a priority to reverse the chronic underfunding that has taken its toll on the nation's preparedness framework, to support the scientific expertise at the CDC, and to invest in the reliable and resilient public health foundation needed to keep our nation safe and healthy. Thank you for your consideration, and please contact me or my colleague Tannaz Rasouli (trasouli@aamc.org), AAMC Senior Director of Public Policy and Strategic Outreach, with any questions.

Sincerely,

Danielle P. Jurnips a

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

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