March 29, 2023

The Honorable Bernard Sanders
Chair
Senate HELP Committee
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Senate HELP Committee
Washington, DC 20510

The Honorable Robert P. Casey, Jr.
Member
Senate HELP Committee
Washington, DC 20510

The Honorable Mitt Romney
Member
Senate HELP Committee
Washington, DC 20510

RE: Pandemic and All-Hazards Preparedness Act (PAHPA) Request for Information (RFI)
Submitted to PAHPA2023Comments@help.senate.gov

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

On behalf of the 30 million Americans who utilize community health centers for their care, Advocates for Community Health (ACH) welcomes this opportunity to provide comments in response to your request for information on the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA).

ACH is a membership organization comprised of leading federally qualified health centers (FQHCs) focused on health equity and innovation to drive health care systems, policies, and health programs. Our members serve over 2.3 million people and provide high-quality, comprehensive primary health care, mental health services, preventive care, and social services to patients most in need.

The Pandemic and All-Hazards Preparedness Act (PAHPA) was first signed into law in 2006 "to improve the Nation's public health and medical preparedness and response capabilities for emergencies, whether deliberate, accidental, or natural." Federally qualified health centers have been a vital lifeline to vulnerable communities in all kinds of community emergencies – hurricanes, wildfires, mass casualty events, and health emergencies. By mandate and by mission, these centers are community-based and patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care to the medically underserved, including high-need urban, rural, and frontier communities across the country.

For example, community health centers served as the single largest source of comprehensive primary health care for medically underserved urban and rural communities during the COVID-19 pandemic. According to the Health Resources and Services Administration (HRSA), community health centers provided more than 23 million vaccinations, nearly 70% of which were given to racial and ethnic minority patients. Additionally, community health centers served as trusted partners in the communities with early and consistent education on vaccination. They also provided 22.56 million COVID tests, which led to the identification of over 3 million COVID-positive patients. 62% of community health centers

offered monoclonal antibody therapy, and 25% of community health centers distributed COVID-19 oral antiviral medication throughout the pandemic.[1]

To keep patients safe while maintaining access to care, community health centers quickly expanded access to telehealth services. In 2021, 99% of community health centers offered primary care services via telehealth–and 21% of the 124.2 million patient visits occurred virtually.2 As community health centers have demonstrated time and time again, they were able to adjust immediately, with many organizations setting up full-blown telehealth operations in a matter of days and weeks to address the needs of their community and ensure continued access to care even in the most dire of scenarios.

To help address the dire need of community health centers during the COVID-19 pandemic, funding was provided by Congress through the American Rescue Plan. Every dollar of this funding went toward providing care to underserved patients, from retaining and recruiting the community health center workforce, to conducting outreach services to ensure the most vulnerable populations remained connected to care. In addition, as community health centers serve so many patients who are frontline workers in essential industries, health centers were responsible for keeping these frontline workers healthy with a consistent source of care, which enabled them to continue working and permitted our country to continue to function.

Unfortunately, that supplemental funding was a one time "boom" in a cycle of boom-and-bust funding for health centers' emergency preparedness funding. Without sustained funding at moderate levels, health centers will not be able to prepare for the next emergency.

Preparing in advance for future emergencies is critical if health centers are going to sufficiently meet the needs of their communities. For example, during emergencies like tornadoes, wildfires, and hurricanes, health centers need to employ outreach workers to quickly identify their most vulnerable patients. They also need to create formal agreements or other relationships with their local health department in advance, so they do not have to scramble to set up data sharing systems and lines of communication, among other important measures.

In fact, 42 CFR § 491.12 requires centers to prioritize emergency preparedness, and these requirements require clear documentation. Specifically, health centers must 1) develop, review, and update emergency plans based on a risk assessment every two years, which includes addressing the patient population's needs and collaborating with local, tribal, regional, State, and Federal partners to maintain an integrated response during emergencies; 2) develop and implement appropriate policies and procedures; 3) develop and maintain a communication plan; and 4) develop and maintain an emergency preparedness training for staff and volunteers and conduct exercises to test the policies in place. For example, health centers may require testing of generators to support power or refrigeration of vaccinations, patients' medications, or medical devices. In other cases, health centers must provide additional safety and personal protective equipment (PPE) protocols for emerging infectious disease outbreaks such as Zika, Ebola, or influenza.

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[1] All COVID related data retrieved from Health Resources and Services Administration, Health Center Data Dashboard. Available online: data.hrsa.gov.

[2] "2021 Health Center Program Highlights Uniform Data System Trends," Bureau of Primary Healthcare, Health Resources and Services Administration, August 9, 2022, https://bphc.hrsa.gov/sites/default/files/bphc/data- reporting/uds-2021-data-trendsspeakers.pdf.

As we recover and rebuild after the COVID-19 pandemic, we urge policymakers to act to prevent the boom-and-bust cycle of emergency spending, and position health centers to do their best possible work for communities in emergency situations, including the key role of coordination and planning on behalf of all public health stakeholders.

As such, we ask that Congress authorize, as part of PAHPA, a health center emergency preparedness fund, with $275M funding annually, at the Health Resources and Services Administration (HRSA). Federally qualified health centers would be eligible for funds to build permanent capacity for response to a range of emergencies impacting patient health, from infectious disease outbreaks to extreme weather events. Capacity building would be specifically geared at coordination and planning with public health departments and key stakeholder groups within the community with the health center in a leadership role.

Allowable use of funds could include:

- Coordination and planning with local health departments, including the development of emergency response coordination plans,
- Coordination and planning with community and grassroots groups connected to high-risk patients to mobilize in case of emergency,
- Establishment and continuous improvement of emergency plans for staff and patients, in compliance with federal regulations,
- Permanent staff with responsibility for emergency preparedness, and
- Permanent outreach workers for identifying the most at-risk patient populations.

ACH is working closely with Representative Nanette Diaz Barragan on legislation to create such a fund, and we include the proposed legislative language in an appendix below. Representative Diaz Barragan hopes to introduce a standalone bill on this issue in the coming months, and we urge you to consider including this language in the PAHPA reauthorization.

Sadly, we've witnessed the devastating impact of what lack of preparation and inadequate funding can mean, and the disproportionate impact these failures can have on underserved communities and marginalized populations. While our ask is much less than we need to ensure millions of Americans have life-saving health care access, it can serve as foundational investment with proven record of return.

Once again, we urge you to include language authorizing a health center emergency preparedness fund in the PAHPA reauthorization. For more information or to discuss these issues further, please contact me at apearskelly@advocatesforcommunityhealth.org and Stephanie Krenrich, our Senior Vice President of Policy and Government Affairs, at skrenrich@advocatesforcommunityhealth.org.

Sincerely,

Amanda Pears Kelly
Chief Executive Officer

Appendix:
Draft. Rep. Barragan's Emergency Preparedness for Underserved Populations Act of 2022

117TH CONGRESS
2D SESSION

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(Original Signature of Member)
H. R.____

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to award grant funds to eligible entities to establish emergency preparedness and response programs, and for other purposes.

Ms. BARRAGAN introduced the following bill; which was referred to the Committee on
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A BILL
To amend the Public Health Service Act to direct the Secretary of Health and Human Services to award grant funds to eligible entities to establish emergency prepared- ness and response programs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.
This Act may be cited as the ''Emergency Preparedness for Underserved Populations Act of 2022''.

SEC. 2. AWARDS TO SUPPORT EMERGENCY PREPAREDNESS.
Subpart I of part D of title III of the Public Health Service Act is amended by inserting after section 330P (42 U.S.C. 254c–22) the following:

''SEC. 330Q. AWARDS TO SUPPORT EMERGENCY PREPAREDNESS.
''(a) IN GENERAL.—The Secretary may award grants to eligible entities to conduct comprehensive emergency preparedness and response activities. Such activities may include—

(1) coordination and planning with local health departments, including the development of emergency response coordination plans;
''(2) coordination and planning with community-based organizations regarding the mobilization of high-risk patients in case of emergency;
''(3) hiring permanent staff with the responsibility of organizing emergency preparedness;
"(4) hiring permanent outreach workers for identifying the most at-risk patient populations;
''(5) providing staff training on emergency preparedness;
'(6) improving physical infrastructure, including— '

‘(A) expanding physical center capacity;
and
‘‘(B) the use of mobile units; and
‘‘(7) providing patient education on emergency preparedness.

‘‘(b) RESPONSE PARTNERSHIPS.—In making grants under this section, the Secretary may consider whether an eligible entity has a memorandum of understanding with the State, county, or local health department to serve as a response partner in emergencies.

‘‘(c) SUPPLEMENT NOT SUPPLANT REQUIRE MENT.—Any eligible entity receiving funds under this section shall use such funds to supplement, not supplant, any other Federal, State, and local funds that would otherwise be expended by such entity to carry out the activities described in this section.

‘‘(d) CENTERS OF EXCELLENCE.—The Secretary may designate eligible entities to be centers of excellence for emergency preparedness and response. Such centers of excellence may provide technical assistance to other eligible entities that receive awards under subsection (a) with respect to planning, development, and operation of programs authorized or supported under this section.

‘‘(e) ELIGIBLE ENTITY DEFINED.—In this section, the term ‘eligible entity’ means—
‘‘(1) a Federally qualified health center as de fined by section 1861(aa)(4) of the Social Security Act (42 U.S.C. 1395x(aa)(4)); and
‘‘(2) a State primary care association.

‘‘(f) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized to be appropriated $275,000,000 for each of fiscal years 2023 through 2027.’’.