



ADVOCATES FOR
COMMUNITY
HEALTH

July 10, 2023

The Honorable Bernie Sanders
Chairman
Senate Health, Education, Labor, and
Pensions Committee
332 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Senate Health, Education, Labor, and
Pensions Committee
455 Dirksen Senate Office Building
Washington, D.C. 20510

RE: Pandemic and All-Hazards Preparedness Act (PAHPA) Reauthorization Discussion Draft
Submitted electronically PAHPA2023Comments@help.senate.gov

Dear HELP Committee Chairman Sanders and Ranking Member Cassidy,

Advocates for Community Health (ACH) is a national membership organization comprised of leading federally qualified community health centers (CHCs) focused on health equity and innovation to drive health care systems, policies, and health programs. Our members serve over 2 million people and provide high-quality, comprehensive primary health care, mental health services, preventive care, and social services to patients most in need, especially during the COVID-19 Public Health Emergency (PHE). Health centers have played a key role during the PHE by increasing access to care, including virtually, and collaborating with communities.

We appreciate the Committee prioritizing public health emergency preparedness through its [discussion draft](#) to reauthorize the Pandemic and All-Hazards Preparedness Act (PAHPA). Preparing in advance for future emergencies is critical if health centers will sufficiently meet their communities' needs. We support the following policies in the draft, and provide recommendations where applicable:

Section 101: Public Health Emergency Preparedness program

We support changing “influenza” references to general terms of “response” or general “pandemic response” here and throughout the draft to ensure authority for pandemic and disasters beyond influenza.

We highly support “community-based organizations, including faith-based organizations, and other public and private entities” for cooperative agreements for emergency preparedness. As we describe in our PAHPA Request for Information comment letter submitted to the HELP Committee in March 2023,¹ CFR § 491.12 requires CHCs to prioritize emergency preparedness. This added language allows CHCs to apply for such cooperative agreements. Additionally, **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).** CHCs would be eligible for funds to build permanent capacity for

¹ <https://advocatesforcommunityhealth.org/wp-content/uploads/2023/06/PAHPA-RFI-Comments-Senate-HELP-March-2023-Final.pdf>

response to a range of emergencies impacting patient health, from infectious disease outbreaks to extreme weather events to coordinate with public health departments and stakeholder groups.

Section 102: Improving EMS organizations in the Hospital Preparedness Program:

We **support** adding “(ii) seek to increase participation of underrepresented eligible entities described in subsection (b)(1)(A), such as emergency medical services organizations and health care facilities in underserved areas.”

Section 103: Improving medical readiness and response capabilities.

ACH **supports** adding regional operations and including “public health and medical activities.” This broadens community resiliency capacity and aligns integration of activities.

Sec. 104. Pilot Program to support State Medical Stockpiles

While we **support** the pilot program to support State Medical Stockpiles, **we recommend that “coordination” include “other private or public entities and patient advocacy groups”** along with the proposed health care entities, emergency management officials, and health officials.

Sec 201: Federal planning and coordination: all-hazards emergency preparedness and response:

We appreciate and **support** participation from relevant industry, academia, professional societies, and other stakeholders for drill and operational exercises. We also support adding language to look at the entire supply chain for supply capacity planning.

Sec 203: Medical Countermeasures for viral threats with pandemic potential

Under Innovation, we **appreciate** the added language to include rapid diagnostics, broad-spectrum antimicrobials, medical countermeasures for viruses that can cause a pandemic, and other technologies. However, **we recommend changing “viral threats” to a broadened term such as “infectious disease threats” or “threats”**.

Section 205: Pilot Program for public health data availability

We commend and **support** the Committee’s proposal for a pilot program that improves data-sharing. We highly recommend keeping the language of “bidirectional communication” between the Department of Health and Human Services (HHS), states, and local public health officials. We also **support**, as part of Section 319D-2, data that is “near real-time, public-facing, and publicly available”.

National Public Health Data Board

While the board would include certain federal members, including Secretaries (or directors where appropriate) of HHS, the Department of Defense, the Department of Veterans Affairs, the National Coordinator for Health Information Technology, the National Institutes of Health, Preparedness and Response, the Indian Health Service, and the Centers for Medicaid and Medicare Services, we **recommend adding “other agency leadership as deemed appropriate.”**

We appreciate and **support the provision requiring that non-federal members appointed by the Secretary include national public health organization representation and individuals as deemed appropriate.**

Section 304: Supporting Individuals with disabilities during emergency responses.

ACH applauds the inclusion of technical assistance centers that help States address the “unique needs and considerations of at-risk individuals,” as defined in section 2802(b)(4) of the Public Health Service Act (42 U.S.C. 300hh–1(b)(4)), in the event of a public health emergency declared by the Secretary. These centers need to consider recommendations from the National Advisory Committee on Individuals with Disabilities and Disasters. **We suggest adding “individuals with chronic health conditions” to include the needs of individuals that may not necessarily meet the definition of “at-risk individuals”.**

We also **recommend** adding language in which the Secretary may encourage the National Advisory Committee on Individuals with Disabilities and Disasters to consult with other stakeholders when drafting recommendations. Health care facilities, CHCs, and other groups can provide tailored recommendations for their communities and populations.

ACH also **supports** that the Crisis Standards of Care for Public Emergencies includes those declared by State Governors.

Section 305: National Advisory Committees

ACH **supports** that the National Advisory Committee on Individuals with Disabilities and Disasters will include at least 2 individuals with disabilities. Additionally, we **support** the representation of a national organization that represents individuals with multiple types of disabilities, various community-based organizations, and a national organization that represents older adults.

Section 306: Long COVID

We **support** the inclusion of coordinated activities among federal agencies to address long-term health effects of COVID-19, including conducting research, consulting health professionals, medical and scientific experts for recommendations, guidance, and educational materials.

We recommend that the language be changed to “**shall**” **support research for health care delivery through Agency for Healthcare Research and Quality (AHRQ). This would allow for the public dissemination of research results and establishment of a primary care technical assistance initiative to convene primary care provider organizations for best practices for caring for individuals with long COVID.**

Section 403: Evaluation of federal select agent program and policies

We **support** that, in consultation with stakeholders and experts from higher education, industry, and other government agencies, an integrated approach framework will evaluate the effectiveness of the Federal Select Agent Program.

Section 505: Emergency System for advance registration of Volunteer Health Professionals

ACH **supports** section 319I(k) of the Public Health Service Act (42 U.S.C. 247d–7b(k)) for the advanced registration of volunteer health professionals We recommend at least \$10 million per year for 2024 through 2028 to account for inflation, climate change, and infrastructure costs.

Section 509: Volunteer Medical Reserve Corps

We **support** Section 2813(i) of the Public Health Service Act (42 U.S.C. 300hh–15(i) for a volunteer medical reserve corps and recommend at least \$13 million per year for 2024 through 2028.

Areas **not** addressed in the discussion draft:

The discussion draft does not address health care workforce or health care professional training directly. However, this may be implied by capacity-building language and under Section 304. Therefore, as stated above, we recommend a health center emergency preparedness fund, with \$275M funding annually, at the Health Resources and Services Administration (HRSA). Allowable use of funds could include the following:

- 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.

We appreciate the opportunity to provide recommendations on the PAPH A discussion draft. We look forward to working with the Committee on these important issues.

For more information or to discuss this further, please contact me at apearskelly@advocatesforcommunityhealth.org or Stephanie Krenrich, Senior Vice President of Policy and Government Affairs, at skrenrich@advocatesforcommunityhealth.org.

Sincerely,



Amanda Kelly

Chief Executive Officer
Advocates for Community Health