



## Statement for the Record

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“Legislative Solutions to Bolster Preparedness and Response for All Hazards and Public  
Health Security Threats”**

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Chair Guthrie, Ranking Member Eshoo, and members of the Subcommittee. Thank you for the opportunity to submit this testimony as you consider reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA). I am Nadine Gracia, President and CEO of Trust for America's Health (TFAH). TFAH is a nonprofit, nonpartisan public health policy, research, and advocacy organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority.

This legislation represents an important opportunity for Congress to strengthen its commitment to the nation's health security, prepare for emerging threats, and incorporate lessons learned from the COVID-19 pandemic. It is critical to reauthorize expiring provisions to enable the Department of Health and Human Services (HHS) to continue lifesaving programs that defend the nation against all kinds of threats.

TFAH has been a leading, independent voice on health security issues since the publication of our first annual public health preparedness report in September 2002. Our organization has been engaged in every iteration of this legislation since then, prioritizing the readiness of public health, medical countermeasures, and medical systems. In our most recent report, *Ready or Not: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism*, we call on Congress to reauthorize this foundational legislation and highlight opportunities for Congress to modernize our nation's public health preparedness enterprise.<sup>1</sup>

Our reports have repeatedly called on policymakers and other stakeholders to focus on health security even in non-emergency times. Unfortunately, we note a repeated pattern of panic and neglect of public health. We persistently underfund public health systems, with only half of U.S. residents protected by a comprehensive public health system.<sup>2</sup> Once a disaster strikes, Congress may provide short-term funding. These emergency funds are critical for response, but they present their own limitations: usually money can only be spent for specific purposes in the immediate crisis rather than for concurrent responses or to strengthen preparedness overall. For example, health departments were limited from using COVID-19 vaccination money for mpox

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<sup>1</sup> Trust for America's Health. *Ready or Not 2023: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism*. March 2023. <https://www.tfah.org/report-details/ready-or-not-2023/>

<sup>2</sup> Ibid.



vaccinations, despite overlapping capabilities and outbreaks.<sup>3</sup> We applauded Congress for having the foresight to invest in infrastructure and workforce through pandemic response bills, but even now we are seeing some of that funding at risk in the debt limit agreement, as unobligated funds intended to shore up public health are at risk for rescission.

A core part of the nation's defense is a robust public health system that is prepared to respond quickly and effectively to current and emerging health threats and emergencies. With over a million people in the U.S. lost to COVID-19, Congress must take steps to ensure the nation is protected from future outbreaks, natural disasters, and manmade threats.

In addition to reauthorizing expiring programs in the PAHPA legislation, we offer the following recommendations:

### **Ensuring effective and efficient responses through coordination and policy**

- **Maintain clear roles and responsibilities.** PAHPA is an opportunity to strengthen and clarify policy roles, but we strongly oppose proposals to transfer operational roles or programs between HHS agencies. Moving oversight and/or coordination of programs and systems, built over several decades, would be counterproductive, onerous, extremely expensive, and hinder the effectiveness of emergency detection and response capabilities. Rather than dismantling nationwide systems that have been built over decades, we encourage the committee to take steps listed below to modernize these capabilities.
- **Empower the Centers for Disease Control and Prevention (CDC) and other relevant HHS agencies to collect public health data in a timely and coordinated way.** Rather than the current patchwork approach of ad hoc data-use agreements and other workarounds that slow outbreak and threat detection and response, Congress should provide CDC with the authority to set public health data standards and require jurisdictions and providers to report critical and complete public health data.<sup>4</sup> A uniform approach to data collection, such as proposed in the *Improving DATA in Public Health Act*, would reduce the burden on data providers and give federal public health agencies and state and local partners a more complete picture of outbreaks and other health threats. We encourage the committee to allow CDC to “prescribe the content, form, and manner” in which public health data may be reported, rather than simply provide information to stakeholders, to set the expectation of what data states and CDC will receive.

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<sup>3</sup> Centers for Disease Control and Prevention. “Mpox: Resources and Tools for Existing State, Tribal, Local, and Territorial Grant Recipients.” February 15, 2023. <https://www.cdc.gov/grants/documents/resources-tools-existing-stlt-recipients.pdf>. Accessed May 4, 2023.

<sup>4</sup> U.S. Government Accountability Office. *COVID-19: Federal Efforts Could Be Strengthened by Timely and Concerted Actions*. Washington, DC: U.S. Government Accountability Office, September 21, 2020. <https://www.gao.gov/reports/GAO-20-701/>. Accessed January 24, 2023.

- **Enable nimble responses to public health emergencies, including through hiring, contracting, and revised paperwork reduction requirements.**
  - **Hiring, Contracting, and Other Transactional Authority:** The Administration for Strategic Preparedness and Response (ASPR), CDC, and other relevant HHS agencies are vital to the nation’s preparedness for and response to public health emergencies, yet they are subject to bureaucratic hiring and contracting procedures even during times of crisis. Congress should help these agencies work more effectively by providing more flexible hiring and contracting authority during public health emergencies. The need to bring Department of Defense officials to execute contracts for the HHS response to COVID-19 was a result of a lack of contracting authorities for the department. The limited direct hiring authorities included in the Consolidated Appropriations Act of 2023 were a good start, but not nearly sufficient for the level of staffing required for large-scale events like pandemics.
  - **Paperwork Reduction Act:** To improve the agility of health agencies to detect and respond to emerging threats such as outbreaks, Congress should codify an exemption from the Paperwork Reduction Act (PRA) for CDC’s public health surveillance, research, and investigations. The current policy framework around data has not kept pace with technology and the need for quality, timely data. This exemption is especially needed to make CDC’s response to public health threats more efficient, as the current requirements can delay CDC’s work by an average of 9-12 months. In the context of COVID-19, the need to wait for PRA clearances slowed responses such as airport screening before the Public Health Emergency was declared and mandatory hospital reporting (through Centers for Medicare & Medicaid Services’ authority). CDC operated under a PRA waiver approved at the beginning of the COVID-19 public health emergency. The waiver only applied to non-mandatory data requests. The current PRA approval process hinders the agency’s ability to gather real-time public health data in response to emerging public health threats.
- **Extend National Advisory Committees on the needs of children, individuals with disabilities, and older adults in disasters.** Authorities for these important federal advisory committees sunset in 2023 if they are not extended. They advise the Secretary of HHS on actions that can be taken before, during, and after disasters to meet the unique needs of these populations.

**Supporting jurisdictional preparedness and response capacity**

- **Reauthorize public health and healthcare preparedness programs to ensure strong capabilities for the nation’s readiness.** The Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) are foundational programs for ensuring every state, locality, and territory has basic capabilities to protect their residents. Both programs are reflective of how health and economic security begin at the local levels. These programs should remain distinct at their respective federal agencies. TFAH supports reauthorization of these essential programs at sufficient funding levels:
  - **Public Health Emergency Preparedness (PHEP) Cooperative Agreement:** PHEP funding and technical assistance have enabled the development of all-hazards readiness at the State, Local, Tribal, and Territorial (SLTT) levels over the past two decades. PHEP funding has empowered health agencies to respond to emergencies ranging from natural disasters to terror attacks, often without the need for supplemental funding. Yet, PHEP appropriations have been cut by about half since FY2003, when accounting for inflation. This erosion has resulted in loss of expertise, workforce, and an inability to modernize and innovate response systems. Building a base of preparedness assures a more efficient and effective response to future emergencies. TFAH supports reauthorizing PHEP at a funding level of at least \$1 billion, which is reflective of the current needs of the program.
  - **Hospital Preparedness Program (HPP):** HPP, administered by the Administration for Strategic Preparedness and Response (ASPR), provides funding and technical assistance to 62 health departments in all states, U.S. territories, freely associated states, and in Los Angeles County, Chicago, New York City, and Washington, D.C. to prepare the health system to respond to and recover from a disaster. HPP builds resilience in the healthcare delivery system by increasing its ability to operate and provide care during a disaster, saving lives and ensuring the earliest possible recovery of the system. Appropriations for ASPR’s Health Care Readiness Portfolio have been cut nearly in half from \$515 million in FY 2003 to \$305 million in FY 2023, or 62 percent when accounting for inflation. TFAH supports reauthorizing HPP at a funding level of at least \$500 million.
- **Temporary Reassignment:** Congress should extend authority for Temporary Reassignment of State, Tribal, or Local public health department or agency personnel during a public health emergency. This authority is needed to allow flexibility for agencies funded under the Public Health Service Act to immediately respond to a public health emergency with existing personnel. The authority was used during the COVID-19 public health emergency, but the process was slowed in some jurisdictions by the existing procedures. In addition to the state governor, tribal leader, or designee requesting

temporary reassignment, we recommend amending the language to also allow federal, territorial, and local jurisdictions to make the request and to enable health officials to be the requesting entity, as they are the grantees of many relevant funding streams.

### **Building stronger capabilities for all-hazards defense**

- **Invest in public health infrastructure.** A modernized public health infrastructure means having the people, services, and systems in place to protect health in every U.S. community. A stronger infrastructure would enable more effective use of taxpayer funds and accelerate the response to rising health threats, yet public health experts estimate a shortfall of \$4.5 billion per year to enable health departments to develop foundational capabilities of public health. Sustainable and predictable funding to build these basic capabilities, such as proposed in the *Public Health Infrastructure Saves Lives Act*, would ensure continuous progress toward effective public health systems.
- **Create a Health Defense Operations (HDO) budget designation to ensure critical activities receive sustainable resources.** Health security is central to our nation’s defense but is subject to budget caps and competing priorities in the nondefense discretionary budget category, making it nearly impossible to invest in medium- to long-term health defense. As a result, programs such as PHEP and HPP have been cut drastically in the past 20 years, and short-term, time-limited response funding cannot fill the gap left by years of underfunding. Furthermore, investing in medical countermeasures research and development ahead of the next event would help accelerate the availability of these products when a new virus emerges. An HDO budget designation would exempt specific health defense programs central to health security from the annual discretionary budget allocations and ensure these crucial activities can be sustained to secure Americans’ health, economic, and national security.<sup>5</sup>
- **Improve public health communications and counter mis- and disinformation.** The effectiveness of response to any health emergency depends on accurate communications and messaging, but the COVID-19 pandemic demonstrated how quickly and pervasively mis- and disinformation can take hold. Congress should authorize and fund CDC and other federal, state, territorial, tribal, and local public health agencies to develop the capacity and workforce to implement effective and accurate public health communications. This investment should include research into best practices for different audiences, incorporating communications into planning and response, modernizing communication channels to make guidance more accessible, and partnering with trusted messengers. Congress should authorize HHS to provide funding for trusted, nongovernmental partners to assist in message development, help deliver messages, and

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<sup>5</sup> Prevent Epidemics. “Health Defense Operations.” <https://preventepidemics.org/health-defense-operations-hdo/>

conduct community outreach.

- **Ensure first-dollar coverage for recommended vaccines under commercial insurance and for uninsured populations.** Despite overwhelming health and economic benefits, only 20 percent of adults have received all recommended vaccines.<sup>6</sup> Following the implementation of the Inflation Reduction Act (IRA), nearly 90 percent of Americans have access to vaccines with no cost sharing, but cost sharing and access barriers remain for an estimated 24 million uninsured adults.<sup>7</sup> Congress should enact a vaccine safety net program to address these barriers for uninsured adults.

Thank you again for the opportunity to share our recommendations with the Subcommittee. We look forward to continuing to work with Congress to ensure the country is ready for 21<sup>st</sup> century threats.

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<sup>6</sup> CDC. Immunizations and Vaccines for Adults Fact Sheet, 2023.

<https://www.cdc.gov/budget/documents/fy2024/Immunizations-Vaccines-Factsheet.pdf>

<sup>7</sup> CDC. Immunizations and Vaccines for Adults Fact Sheet.

<https://www.cdc.gov/budget/documents/fy2024/Immunizations-Vaccines-Factsheet.pdf>