



July 10, 2023

The Honorable Bernie Sanders, Chairman
The Honorable Bill Cassidy, Ranking Member
Committee on Health, Education, Labor and Pensions
U.S. Senate
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

The American Lung Association appreciates the opportunity to provide feedback on the recently released discussion draft of the Pandemic and All-Hazards Preparedness Act (PAHPA) reauthorization. As the country and the world just witnessed to a devastating degree, pandemic preparedness is a necessary component of public health infrastructure. It is crucial that this authorization not be allowed to expire. We offer a few suggestions for inclusion that will better prepare the country for future pandemics and public health emergencies.

Use existing mechanisms like Hill-Burton funding or the Hospital Preparedness Program to bolster health system emergency preparedness and resilience.

When disasters like flooding, hurricanes or wildfires strike, stress is put on hospital and health systems to stay open and treat patients – often to an increased level – while also battling the disaster event themselves. Preparedness is defined as being in a state of readiness and ensuring that hospitals and health systems are ready to respond in emergency situations should be a key pillar of this legislation. We encourage the committee to increase funding for hospital preparedness with specific support for pre-disaster resilience projects like retrofits and maintenance to reduce flooding and wildfire risk and to prepare facilities for extreme weather.

The impact of extreme weather events and increasingly warmer temperatures challenges the ability of healthcare systems and providers to deliver the care patients need. The Lung Association is disappointed that the discussion draft does not include references to these challenges that are already disrupting the delivery of quality healthcare. We urge the committee to reconsider requests that were made to include further preparedness and resiliency efforts as it relates to the challenges from climate change and to act on future opportunities that arise to better prepare the healthcare sector for the impacts of climate change.

Authorize the Public Health Emergency Preparedness Program at sufficient levels.

The Public Health Emergency Preparedness (PHEP) Program is a critical source of funding for health departments to build capabilities to respond effectively to a variety of public health threats. Unfortunately, this investment has been cut by more than 50% since FY03 when accounting for inflation. This program helps to build and maintain a nationwide public health emergency management system that allows communities to prepare for and efficiently respond

Advocacy Office: 1331 Pennsylvania Avenue NW, Suite 1425 North | Washington, DC 20004-1710 | 202-785-3355

to public health threats. Our nation cannot afford to continue the roller coaster of ramping up capacity during a crisis, then wind down when the most recent health emergency has passed only to ramp it up when the next one occurs. It is vital that this program be continually funded at sufficient levels.

Bolster public health infrastructure funding.

We would recommend the committee include provisions to bolster our public health infrastructure. One such method would be to include language from the *Public Health Infrastructure Saves Lives Act*. This legislation would create a core public health infrastructure program at CDC and award grants to state, local, tribal and territorial (SLTT) health departments to ensure they have the tools, workforce systems in place to address existing and emerging health threats. This funding would support essential cross-cutting foundational capabilities such as: disease surveillance, all-hazards preparedness and response, policy development and support, laboratory capacity, and more. Our nation's public health infrastructure has been woefully underfunded for years. Sustained, robust and consistent investments in our public health infrastructure are necessary for our nation to be safe and secure from global and domestic public health threats. This should be done in conjunction with continued investments in evidence-based programs, such as the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health, National Asthma Control Program and Climate and Health Program.

Improve CDC's data collection capabilities.

The public health surveillance that CDC as well as SLTT health departments oversee and conduct is absolutely crucial to understanding and addressing major causes of disease and death in this country. It also helps us understand specific sub-populations and areas in the U.S. that may be disproportionately impacted by a public health problem. Public health data from CDC surveillance systems are also essential for effective daily public health response and during public health emergencies. However, the COVID-19 pandemic exposed devastating gaps in our nation's public health infrastructures. Our antiquated public health data systems were not prepared to handle a public health emergency as massive as the pandemic.

The Lung Association is pleased to see Section 205. Pilot program for public health data availability in the draft bill. Ensuring that CDC can collect public health data directly from health providers, public health and clinical laboratories, state, local and tribal public health departments, and other entities, as necessary is essential to ensuring the nation can address public health threats in a timely manner. Upon the pilot program concluding, we would like to note that any successful data reporting system should ultimately be scaled so it can be implemented nationwide.

PAHPA is vital in supporting and improving our nation's health emergency preparedness and response capabilities. We urge the committee to seriously consider the feedback provided by the public health community. Improving this legislation by accounting for extreme weather

events, providing more robust and predictable funding, and improving public health data is necessary in ensuring we are better prepared for all public health threats.

Sincerely,

A handwritten signature in black ink that reads "Deborah P. Brown". The signature is written in a cursive style with a long horizontal flourish at the end.

Deborah P. Brown
Chief Mission Officer
American Lung Association

