

September 23, 2018

The Honorable Lamar Alexander  
 Chairman  
 Health, Education, Labor and Pensions Committee  
 U.S. Senate  
 Washington, D.C. 20510

The Honorable Patty Murray  
 Ranking Member  
 Health, Education, Labor and Pensions Committee  
 U.S. Senate  
 Washington, D.C. 20510

The Honorable Gregg Walden  
 Chairman  
 Energy & Commerce Committee  
 U.S. House of Representatives  
 Washington, D.C. 20515

The Honorable Frank Pallone, Jr  
 Ranking Member  
 Energy & Commerce Committee  
 U.S. House of Representatives  
 Washington, D.C. 20515

Dear Chairman Alexander, Ranking Member Murray, Chairman Walden, and Ranking Member Pallone:

The Association of State and Territorial Health Officials (ASTHO) submits this letter in support of most of the public health provisions included in the “Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2018” (H.R. 6378). ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, U.S. territories, and Washington, D.C. ASTHO’s members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and assuring excellence in public health practice.

ASTHO is pleased that this bill retains elements proven to be necessary, reasonable, and successful, while making further refinements to the underlying statute, as well as responding to and including many of ASTHO’s priorities. These priorities, outlined in previously submitted comment letters, include suggestions for clarifications and acknowledgments regarding the importance of state, local, territorial, and tribal public health. These provisions include:

- Reauthorizing the Public Health Emergency Preparedness Program (PHEP) and Hospital Preparedness Program (HPP). PHEP and HPP are key to the foundational capabilities of public health preparedness and healthcare
- Codifying the role of CDC to administer the PHEP program
- Bolstering the Public Health Emergency Rapid Response Fund and mechanisms to quickly distribute funds
- Requiring that the Public Health Emergency Medical Countermeasure Enterprise (PHEMCE) solicit and consider input from state, local, tribal, and territorial public health departments or officials
- Improving the nation’s ability to take a “OneHealth” approach to preparedness and response capabilities
- Reauthorizing the temporary reassignment of state and local personnel during public health emergencies
- Requiring the HHS secretary, in collaboration with ASPR and CDC, to maintain the strategic national stockpile
- Including a provision to strengthen the Epidemic Intelligence Service by increasing the loan repayment amount from \$35,000 to \$50,000

In addition, ASTHO expresses our concern and seeks clarification from the committee on changes to HPP, particularly those that alter eligibility requirements for funding from a “partnership” to “coalitions.” One of the most crucial functions of HPP is to bring together and incentivize “diverse and often competitive healthcare organizations to work together.” As neutral conveners, state and territorial public health departments are the most appropriate entities and stewards of taxpayer dollars. They are also responsible for statewide planning and coordination of services and fundamentally serve all residents in their jurisdictions—not just lives covered under a plan or specific catchment area. With the establishment of hundreds of Healthcare Coalitions across the country, ASTHO seeks assurance that the letter, spirit, and intent of this modification does not in any way change the current cooperative agreement structure and stature, nor does it alter the role and responsibilities of states, territories, and directly-funded cities as awardees of funds under HPP.

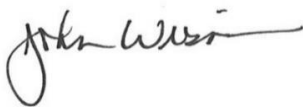
ASTHO also remains concerned that authorization levels—\$685 million for PHEP and \$385 million for HPP—are significantly lower than our suggested authorization levels of \$824 million for PHEP and \$474 million for HPP. ASTHO is concerned that authorizing at these proposed levels will be insufficient. Both PHEP and HPP must be resourced at sufficient levels to ensure that every community is prepared for disasters. An efficient and effective state and local workforce depends heavily on reliable, ongoing funding support for a network of state and local expertise, relationships and trust that is carefully built over time through shared responses, training, and exercises.

Regarding sections that speak to “reservations of amounts for regional systems,” ASTHO would also like to reiterate that HPP is already funded at a vastly insufficient level given the task of preparing the healthcare system for a surge of patients, continuity of operations, and recovery. Any funding reductions to HPP through a tap will have an adverse impact on real-time all-hazards preparedness and response activities carried out by the existing healthcare coalitions. The costs associated with exploring the development of a regional system or network should not be at the expense of current critical medical readiness and patient care services.

Finally, while we appreciate that the bill strengthens existing authorities for the Public Health Emergency Fund, we continue to urge Congress to create a mechanism to fund and replenish it. Without sufficient and dedicated funding, it will be impossible to quickly access funds when needed.

ASTHO appreciates the opportunity to provide our comments on this critical legislation and the bipartisan efforts of both the House and Senate committees. Please contact Carolyn McCoy ([cmccoy@astho.org](mailto:cmccoy@astho.org)), ASTHO’s senior director of Government Affairs, for additional information.

Sincerely,



John Wiesman, DrPH, MPH  
ASTHO President, Secretary of Health,  
Washington State Department of Health  
Olympia, WA