American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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The American Academy of Pediatrics (AAP), a non-profit professional organization of 66,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, thanks the Assistant Secretary for Preparedness and Response (ASPR) for this opportunity to provide recommendations related to the Pandemic and All-Hazards Preparedness Act (PAHPA). The AAP looks forward to working with the ASPR as PAHPA reauthorization discussions progress on the shared goal of strengthening our nation's preparedness and response for children.

Preparedness Programs

The Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) program are key to the foundational capabilities of healthcare and public health preparedness, respectively. These programs must be resourced at sufficient levels to ensure every community is prepared for disasters. While HPP and PHEP should be aligned and coordinated, they must remain as separate and distinct programs. Specifically, the HPP program should be authorized at a minimum of $474 million and the PHEP program authorized at a minimum of $824 million. Because disasters can happen anywhere in the country and universal risks such as influenza pandemics and mass shootings exist, it is essential that all jurisdictions have a baseline level of preparedness aided by the HPP and PHEP programs. Performance measures for both programs must include meaningful metrics that assess a jurisdiction's preparedness to identify and meet the needs of children. Given the important role pediatricians play in the response and long-term recovery and resilience of communities, pediatricians must be integrated into all health care coalitions to help serve as pediatric subject matter experts and help integrate pediatric components into planning including drills and exercises.

Advisory Committees and Pediatric Expertise

AAP notes the important contributions of the HHS National Advisory Committee on Children and Disasters (NACCD) since it was created in the PAHPA reauthorization of 2013. The AAP strongly recommends that the NACCD be reauthorized, made permanent, funded, and utilized as an important resource for the Secretary of HHS and the ASPR. Among our recommendations to strengthen the NACCD are to make federal representatives ex-officio, non-voting members; add additional expertise to the voting members including individuals with expertise in mental and behavioral health, children and youth with special health care needs, schools and child care, pediatric trauma, and others; and requiring Secretarial action on its recommendations similar to other HHS advisory committees. Additionally, the AAP strongly supports the reauthorization and funding of the National Biodefense Science Board, now named the National Preparedness and Response Science Board (NPRSB), and appreciates the important collaboration that has occurred between the two advisory committees such as the *NPRSB-NACCD Joint Youth Leadership Report*.

AAP is asking Congress to authorize the CDC's Children's Preparedness Unit (CPU) which has proven to be an invaluable resource to the CDC, the pediatrician community, schools, and other child-serving entities during recent emergencies such as

Ebola and Zika. The AAP recommends the CPU provide technical assistance to PHEP awardees to strengthen their preparedness plans for children which could include disease management guidance, public messaging, patient tracking and movement, and exercises and drills.

At-risk Individuals

AAP remains concerned about the appropriateness of the current statutory definition of and references to "at-risk individuals" throughout PAHPA because they are insufficient at improving the preparedness and response for each of the populations encompassed by that term. In many cases, populations like children often become an afterthought if a jurisdiction chooses to prioritize another at-risk population. ASPR should consider creating a position of Director of Pediatric Preparedness and Response who is empowered to work within ASPR, its grantees, and with HHS partner agencies to improve our nation's preparedness and response for children.

Medical Countermeasures (MCMs)

Although progress has been made, major gaps still remain related to MCMs for children, a highly vulnerable population, because many vaccines and pharmaceuticals approved for use by adults as MCMs do not yet have pediatric formulations, dosing information, or safety information. As a result, the nation's stockpiles and other caches where pharmacotherapeutic and other MCMs are stored are less prepared to address the needs of children compared with those of adults in the event of a disaster. The Strategic National Stockpile (SNS) is currently underfunded to support the necessary stockpiling and replacement of MCMs as well as to support research, development, and procurement of pediatric MCMs and devices. We must ensure that the SNS is adequately funded to meet these needs and that safety and dosing for children is considered.[i]

Recovery of the Healthcare Sector

Community resilience relies heavily on the resilience of the healthcare sector. As such, the federal government should support the ability of patients to return to their regular source of local medical care. After a disaster, medical offices and equipment are often damaged and loss of power can lead to spoilage of vaccine doses. Lack of usable or safe office space and staff, housing, water, power, and telephone service can hinder physician efforts in reestablishing practices. Further, local physicians may find themselves competing for patients with free or temporary clinics set up in the aftermath of the disaster. In the face of these circumstances, many physicians close their practice and leave the community. The federal government should develop formal incentives and assistance programs to provide systematic, long-term, financial stability to private physician practices after disaster strikes.[ii,iii]

Immediate Response Fund

A pre-approved standing fund for short-term scale-up of rapid, emergency response is necessary. Such a fund should be administered by the HHS Secretary and should supplement and not supplant existing, base public health and preparedness funds as well as future supplemental emergency funding.

Volunteer Medical Assistance

After an emergency, pediatricians are often eager to provide medical assistance to affected communities. However, current mechanisms for medical doctors to volunteer their time and expertise in response to these disasters are insufficient. AAP encourages ASPR to create a standing infrastructure so that, in event of an emergency, physicians eager to provide volunteer medical services have a way to do so quickly.

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[i] AAP DISASTER PREPAREDNESS ADVISORY COUNCIL. Medical Countermeasures for Children in Public Health Emergencies, Disasters, or Terrorism. Pediatrics. 2016;137(2):e20154273

[ii] National Preparedness and Response Board. Assistant Secretary for Preparedness and Response (ASPR) Future Strategies Report.

[iii] National Biodefense Science Board. Community Health Resilience Report.