

## INFORMAL COALITION ON BIODEFENSE AND PUBLIC HEALTH PREPAREDNESS

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April 6, 2018

The Honorable Lamar Alexander  
U.S. Senate  
HELP Committee  
428 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Patty Murray  
U.S. Senate  
HELP Committee  
648 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Greg Walden  
U.S. House of Representatives  
Energy & Commerce Committee  
2125 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Frank Pallone  
U.S. House of Representatives  
Energy & Commerce Committee  
2322A Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairmen Alexander and Walden and Ranking Members Murray and Pallone:

On behalf of the undersigned organizations, who have joined together as an informal coalition on biodefense and public health preparedness, we write with recommendations for the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA). The programs authorized by PAHPA have been critical to the nation's preparedness and response for all populations to threats both naturally-occurring—like Ebola and pandemic influenza—and deliberate, such as a chemical, biological, radiological, or nuclear (CBRN) attack.

Our groups recommend the following priorities be included in the legislation:

- **Improving State and Local Public Health Security:** We recommend state and local public health security cooperative agreements be reauthorized at the highest recently authorized funding level, at least \$824 million. State and local public health departments and laboratories are on the front lines in the prevention, detection, response, mitigation and recovery from the range of CBRN threats and are dependent upon these grants to support their capacity. Currently authorized levels are not high enough to ensure readiness for today's threats, most notably through highly-trained personnel.
- **Hospital Preparedness and Medical Surge Capacity:** We are committed to working toward a regional disaster health response system, including incentives to reach such a system. We recommend the Hospital Preparedness Program be reauthorized at least at the highest prior authorized level of \$474 million. The U.S. spends \$3.3 trillion on healthcare, but only \$255 million on preparing the healthcare delivery system to respond to and recover from a disaster. In the past year we have seen life-saving successes of hospital preparedness – such as the Houston area's response to Hurricane Harvey – but adequate funding is needed to ensure the rest of the nation has an equal level of protection for all populations, including for children. We support stronger partnerships between the public and private sectors, including a coherent strategy for leveraging of private sector assets and data before disaster strikes.
- **Project BioShield Special Reserve Fund (SRF):** We recommend multi-year funding of the SRF of at least \$5.6 billion over 10 years for sustainable procurement of medical countermeasures (MCM). While the Biomedical Advanced Research and Development Authority (BARDA) has had many successes in helping bring new MCMs to fulfillment, many of these face a second "valley of death" without a predictable source of funding for

procurement. These uncertainties are dissuading companies from entering the MCM space, placing Americans at risk.

- **Funding for BARDA research and development:** We recommend BARDA be reauthorized at least at \$700 million annually. BARDA has been highly successful in bringing products to fruition for which there has been little commercial market – including bioterror vaccines and diagnostics, Zika and Ebola countermeasures, and antibiotics to address drug resistant infections. Yet the challenges facing the nation are greater than ever, including emerging infectious diseases (EID) and other global threats.
- **Support funding for EID and pandemic flu:** BARDA’s mission space has expanded, yet the funding to fight additional threats – from pandemic flu to emerging infections – remains stagnant. We recommend authorizing separate budget lines for BARDA’s work on pandemic influenza, authorized at \$632 million per year, and EIDs, authorized at \$300 million per year, to ensure BARDA has the resources to work on threats like drug resistant superbugs.
- **Strategic National Stockpile (SNS):** The Strategic National Stockpile is critical to maintaining a supply of MCMs and medical supplies for the nation and to building the logistical capacity to distribute these products during an event. The program should be reauthorized at least at \$610 million per year. Public health and medical countermeasures experts across federal agencies must work together to ensure a strong enterprise from initial development through distribution and dispensing which includes strengthening the procurement process for replenishment of Emergency Use Authorization (EUA)-eligible as well as Food and Drug Administration (FDA)-approved MCMs.
- **Public Health Emergency Fund:** We support a standing response fund to provide bridge funding between base preparedness funding and supplementary appropriations for acute emergencies and emerging threats. Such a fund should not transfer money away from existing public health and preparedness resources.
- **Workforce:** We support mechanisms to strengthen, recruit and retain the public health, environmental health, and healthcare workforce for health security.

Thank you for consideration of these recommendations. If you should have any questions please contact any of the following individuals:

- Phyllis Arthur, Biotechnology Innovation Organization (202-962-6664, [parthur@bio.org](mailto:parthur@bio.org))
- Meg Gilley, Alliance for Biosecurity (202-457-6158, [meg.gilley@squirepb.com](mailto:meg.gilley@squirepb.com))
- Tamar Magarik Haro, American Academy of Pediatrics (202-347-8600, [tharo@aap.org](mailto:tharo@aap.org))
- Dara Lieberman, Trust for America’s Health (202-864-5942, [dlieberman@tfah.org](mailto:dlieberman@tfah.org))
- Laura Hanen, National Association of County and City Health Officials (202.507.4255, [lhane@naccho.org](mailto:lhane@naccho.org))

Signed,

*AABB  
Alliance for Biosecurity  
American Academy of Pediatrics  
American Clinical Laboratory Association  
American Public Health Association  
American Red Cross  
America’s Blood Centers*

*Association of State and Territorial Health Officials*  
*Biotechnology Innovation Organization*  
*California Life Sciences Association (CLSA)*  
*Council of State and Territorial Epidemiologists*  
*Healthcare Ready*  
*Health Industry Distributors Association (HIDA)*  
*Infectious Diseases Society of America*  
*Johns Hopkins Center for Health Security*  
*March of Dimes*  
*National Association of County and City Health Officials*  
*National Association of State Emergency Medical Services Officials*  
*National Environmental Health Association*  
*Save the Children*  
*Trust for America's Health*

cc: Senator Richard Burr  
Senator Bob Casey  
Representative Susan Brooks  
Representative Anna Eshoo