

March 13, 2023

The Honorable Richard Hudson
2112 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Anna Eshoo
272 Cannon House Office Building
Washington, D.C. 20515

Dear Representatives Hudson and Eshoo,

On behalf of the American Nurses Association (ANA), thank you for issuing the Request for Information regarding the Pandemic and All-Hazards Preparedness Act (PAHPA).

Reauthorization of PAHPA without delay is critical to safeguard public health, and support improvements in the nation's preparedness and response capabilities for public health and medical emergencies, whether deliberate, accidental, or natural.

ANA is the premier organization representing the interests of the nation's 4.4 million registered nurses (RNs), through its constituent and state nurses' associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include those practicing in the four advanced registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives, and certified registered nurse anesthetists. ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

As the COVID-19 Public Health Emergency (PHE) ends and the nation recovers, health care personnel should be key stakeholders in discussions about the future of PAHPA. Many of the most important lessons learned from the PHE are grounded in the experience of nurses and we appreciate the Committee's willingness to receive our feedback on this topic. There are two key areas where we see a need to strengthen the legislation: 1) Improving the ability of the Strategic National Stockpile (SNS) to ensure that adequate safety equipment is available and ready to be provided to healthcare providers; and 2) Strengthening public health infrastructure and resources to meet the demands of emergency situations wherever they arise.

Strategic National Stockpile (SNS)

ANA learned that oversight of the SNS is vital. Congress should receive an annual report on the state of the SNS, specifically with respect to personal protective equipment (PPE), vaccines, medicines, and other supplies. The report must detail information about applicable expiration dates, and when items will require replacement. We recommend protocols for timely distributing items approaching expiration to healthcare facilities that treat underserved populations, such as federally qualified health centers, rural hospitals, and providers that provide care based on need.

Health care facilities should be required to report monthly on their levels of PPE so the agency in charge has up-to-date information on where shortages may be most acute in the early stages of an emergency. A formulary should be developed by a scientific institution such as the National

Academy of Sciences, Engineering, and Medicine on what levels of PPE, vaccines, and other supplies health care facilities should have in their own stockpiles. Manufacturers of these items should also be reporting on production and capabilities.

In addition, the federal government needs to do more to incentivize and prioritize the manufacturing of PPE, medications, and other supplies in the United States, even if that means carrying out production itself. The current initiative of the Department of Health and Human Services (HHS) to offer certain providers payment adjustments for using domestic N95 respirators is a good first step. However, this program can have little impact without sources of products that domestically made and marketed. ANA appreciates Congress's work on the Prevent Pandemics Act which included a meaningful improvement for replenishing the sale and/or transfer mechanism that could be very useful predictability for domestic manufacturing that was pulled from the PPE in America Act. ANA believes passage of the full legislation would be beneficial as it would authorize the Administration to test additional strategies to increase procurement of domestically-made supplies.

Public Health Capabilities

Nurses learned that a weak public health infrastructure endangers nurses, patients, and communities. A more robust public health infrastructure going forward will better equip the nation with sufficient capacity and realistic strategies to prepare and respond during times of crisis. The COVID-19 pandemic put a spotlight on the damage done to a society when its leaders underinvest in public health. Federal reinvestment in public health infrastructure should be restored to match at least 2008 levels. The need for this funding to move forward on preparedness cannot be overstated.

ANA further urges you to consider how expansion of the public health workforce is a key element of this needed investment. Our public health workforce, of which public health nurses are the largest segment, touches every aspect of health care and community well-being. Public health nurses play an integral role in narrowing disparities, improving health outcomes, and reducing disproportionately high morbidity and mortality rates due to preventable illness.

Thank you for giving nurses this opportunity to provide the Committee with input on PAHPA reauthorization. If you have questions, please contact Tim Nanof, Vice President of Policy and Government Affairs, at (301) 628-5081 or Tim.Nanof@ana.org.

Sincerely,



Debbie Hatmaker, PhD, RN, FAAN
Chief Nursing Officer / EVP

cc: Jennifer Mensik Kennedy, PhD, RN, NEA-BC, FAAN, ANA President
Loressa Cole, DNP, MBA, RN, NEA-BC, FAAN, ANA Chief Executive Officer