

June 16, 2017

The Honorable Roy Blunt
U.S. Senate
260 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Patty Murray
U.S. Senate
154 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Tom Cole
U.S. House of Representatives
2467 Rayburn Office Building
Washington, D.C. 20515

The Honorable Rosa DeLauro
U.S. House of Representatives
2413 Rayburn Office Building
Washington, D.C. 20515

Dear Chairman Blunt, Ranking Member Murray, Chairman Cole and Ranking Member DeLauro:

On behalf of the undersigned organizations representing public health, healthcare, and research sectors, we are writing to convey our recommendations for a public health emergency response fund, if it is being considered for inclusion in the FY2018 Labor-Health and Human Services and Education (LHHS) Appropriations measure. As organizations committed to protecting the nation's health from natural and man-made threats, we believe the following considerations must be included in any proposal for an emergency fund:

- 1) The fund should not come at the expense of other health programs, either from discretionary health spending or by transfer. Strong national health security requires both preparedness and response, and a response fund should supplement, not supplant, existing programs.
- 2) The fund should serve as an interim bridge between underlying capacity-building funds and emergency supplemental funds, if needed. Policymakers should understand that the existence of an emergency fund does not preclude the need for future emergency supplemental funding legislation.
- 3) Congress should clarify under what circumstances the fund could be triggered, by whom and for what purpose.
- 4) A mechanism to replenish the fund when it is tapped should be included in legislative language.

The 235-day delay experienced last year between the presidential request for Zika funding and congressional approval had significant public health implications. The Administration was forced to redirect funding from other sources, including the ongoing Ebola response in West Africa and the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Both of these moves had serious repercussions for public health capacity, including health departments cutting staff and activities. These activities and personnel were not easily backfilled with short-term funding approved months later. In addition, biotech companies that may have otherwise entered the space for development of Zika countermeasures were hesitant to make an investment for fear the government would not be a reliable partner for contracts. Due to these delays, some

experts have recommended a standing response fund (“response fund”) to meet the immediate needs of the crisis response.

In the FY2018 President’s budget request, the administration proposed a “Federal emergency response fund,” which would give the Secretary authority to transfer up to one percent of any HHS account into a fund to respond to major health emergencies. While many of our groups support the concept of a standing emergency fund to speed the response to public health emergencies, we are concerned with several aspects of this proposal. First, cutting preparedness funds to the Centers for Disease Control and Prevention’s PHEP and HHS’ Hospital Preparedness Program (HPP), as proposed in the budget request, while at the same time relying on tapping a response fund after a disaster strikes, is short-sighted and inefficient. The PHEP program has already been cut by one-third since FY2002 and is proposed for another 15 percent decrease by the President’s budget request. HPP has lost nearly half of its funding and the President’s budget request proposes another 11 percent cut. These cuts will lead to significant job losses – and thus loss of expertise and capacity. If Congress cuts the underlying capacity to prevent, detect and respond to emergencies, public health and healthcare will be hamstrung during a response. Health departments and related organizations cannot quickly hire and train experienced laboratorians, epidemiologists, and emergency preparedness professionals after a crisis begins. This would be akin to cutting our military personnel, then attempting to build an army only after a war begins. Both examples require a standing, highly trained workforce. The resilience of our nation depends on the years of investment, training, planning, research and development in preparedness and response capacity of that community before disaster strikes, something an emergency response fund cannot provide. Response funding simply cannot come at the expense of preparedness.

Second, policymakers must understand that an emergency fund does not preclude the need for future emergency supplemental legislation. Rather, the fund would simply enable a faster response while Congress monitors the emergency and assesses the need for supplemental funding. It is important to emphasize that supplemental funds needed for recent public health emergencies have far exceeded the amounts being proposed in the President’s budget request and other recent proposals. For example, transfer of one percent of HHS’ FY2017 total discretionary budget (as proposed in the FY18 budget) would equate to about \$735 million, while the Zika response received \$1.1 billion and the Ebola response was allocated \$5.4 billion in emergency supplemental funds. An emergency response fund could therefore serve as a bridge between preparedness money that builds day-to-day capabilities and supplemental funding for extraordinary public health emergencies.

Third, it must be very clear under what parameters a Fund may be triggered. Under existing law, the Secretary can access the Public Health Emergency Fund only after declaration of a public health emergency. The proposal described in the President’s budget could allow for many different interpretations of what circumstances would trigger the transfer authority. The budget request seems to give the Secretary ultimate authority to trigger the transfer authority, while others have proposed giving the White House oversight and budget management. Lawmakers should also determine what constitutes a health emergency that rises to the level of requiring

access to the response fund. The potential uses of the fund should also not be earmarked in advance and should be available Department-wide, depending on the needs of the emergency. These parameters should be clarified and refined in concert with outside experts and the authorizing health committees in each chamber.

Finally, a response fund must include a mechanism to replenish the money. The existing Public Health Emergency Fund has not received resources since FY1999, making it useless for its intended purpose. Automatic replenishment should be included in the design of the response fund.

We thank you for your attention to the ongoing challenges of public health emergencies. We urge you to continue your commitment to public health preparedness and response and to use our organizations as resources as you move forward.

Sincerely,

Alameda County Public Health Department

American Academy of Pediatrics

American Public Health Association

Association of American Medical Colleges

Association of American Veterinary Medical Colleges

Association of Public Health Laboratories

Association of Schools and Programs of Public Health

Association of State and Territorial Health Officials

Big Cities Health Coalition

Bronx Community Health Network

Center for Infectious Disease Research and Policy, University of Minnesota

ChangeLab Solutions

Child Care Aware of America

Council of State and Territorial Epidemiologists

Good Samaritan Medical Center

Healthcare Ready

Johns Hopkins University Center for Health Security

Local Public Health Association of Minnesota

March of Dimes

National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Center for Disaster Preparedness at Columbia University's Earth Institute
Northwest Healthcare Response Network
Oklahoma City-County Health Department
Society for Public Health Education
Somerset County Department of Health
Steward Healthcare System - GSMC
Trust for America's Health
U.S. Breastfeeding Committee
Wyoming County Community Health System and Wyoming County Health Department

cc: Senator Lamar Alexander, Chairman, Senate HELP Committee
Rep. Greg Walden, Chairman, House Energy & Commerce Committee
Rep. Frank Pallone, Ranking Member, House Energy & Commerce Committee
Rep. Michael Burgess, Chairman, House Energy & Commerce Health Subcommittee
Rep. Gene Green, Ranking Member, House Energy & Commerce Health Subcommittee