American Hospital Association™
Advancing Health in America

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March 1, 2021

The Honorable Robert Menendez
United States Senate
528 Hart Senate Office Building
Washington, DC 20510

Dear Senator Menendez:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners, including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) is pleased to support the National Coronavirus Commission Act of 2021 (S. 412).

Creating a national coronavirus commission through your legislation will play a critical role in examining the level of our country's preparedness when the COVID-19 pandemic emerged. Evaluating the lessons learned from the nation's response to COVID-19 is an important step in helping prepare for the next public health emergency (PHE). The Commission's recommendations for improving our public health readiness will help ensure hospitals, health systems and other providers who have served on the front line of this fight have the support and resources needed to rapidly respond to future crises.

As your bill moves through the legislative process, there are several issues we respectfully request a prospective commission consider. First, the Commission should evaluate how to improve or restructure the Hospital Preparedness Program (HPP) so that it is better able to help prepare for, and respond to, the next urgent PHE, including how to ensure funding directly reaches hospitals and health systems on the front lines. Next, we believe that consideration should be given to the benefits of a continuous funding mechanism for the strategic national stockpile (SNS) to aid its long-term management.

Improving or Restructuring the Hospital Preparedness Program

When a disaster strikes, people turn to hospitals for help. Congress recognized that role when it created the HPP, the primary federal funding mechanism for health care emergency preparedness. Since 2002, the HPP has provided critical funding and other resources to states and other jurisdictions in anticipation they will use it to aid hospitals' response to a wide range of emergencies. The HPP has supported enhanced planning and response;

facilitated the integration of public and private sector emergency planning to increase the preparedness, response and surge capacity of hospitals; and improved state and local infrastructures that help health systems and hospitals prepare for public health emergencies.

However, funding for the HPP has not kept pace with the ever-changing and growing threats faced by hospitals, health care systems and their communities. Authorized funding levels and annual appropriations for the HPP have significantly declined since the program's inception. In recent years, hospitals have received only a fraction of the HPP funds that have been allocated. Currently, the states, territories and certain large cities keep a significant percentage of the total amount they receive for their own indirect costs. Of the remaining amount, the majority is currently directed to regional health care coalitions.

Further, as the COVID-19 pandemic made clear, our health care and public health system needs far more than efforts to plan prior to national crises and the formation of coalitions. Our system needs consistent and standardized guidance and policies across the nation. It needs ready access to vital supplies and resources in significantly greater quantities than normally used. It also needs to be able to access additional staff support that is in ready reserve. And, it may need to adapt its physical structures, stand up temporary facilities and expand its ability to diagnose, monitor and treat patients in a virtual environment.

As such, the Commission should consider whether the HPP, as currently structured, is capable of meeting these needs or whether the program needs to be totally restructured to enable its rapid response, along with the scale needed to address a national emergency. Further, the Commission should consider what mechanism is most appropriate for ensuring financial support reaches hospitals and other vital providers as well as state and local public health departments; this funding is necessary for addressing the health needs of those affected by such a national emergency.

Managing the Strategic National Stockpile

In the early days of the pandemic, hospitals and other providers struggled to care for very sick patients who were victims of this novel coronavirus, in the process using extraordinary amounts of personal protective equipment (PPE) to keep their workforce safe from infection. A worldwide shortage of some forms of PPE — especially N95 masks — and other equipment, such as ventilators, quickly made it apparent that hospitals were not going to be able to obtain sufficient resources from their usual suppliers. As was laid out in the national emergency preparedness strategies, they turned to their state stockpiles and to the national strategic stockpile for help. They discovered that far too many of the N95s and ventilators maintained in the stockpiles were either expired or older models that did not have the functionality that health care practitioners expected.

As a result, many N95s had to be discarded because their elastic was rotten and staff had to be trained on how to work with older models of ventilators.

The Commission should evaluate the best way to ensure continuous investment in the SNS so that the equipment is useable and useful when emergencies require its support of health care providers. This will require a continuous stream of funding to the SNS so that its contents can be refreshed as needed.

Thank you for your consideration of these additional recommendations for the Commission to evaluate. We are pleased to support this important legislation and look forward to continuing to work with you to ensure its passage.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President