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ONE HUNDRED FIFTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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June 26, 2018

Rear Admiral Stephen Redd, M.D.
Director
Office of Public Health Preparedness and Response
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

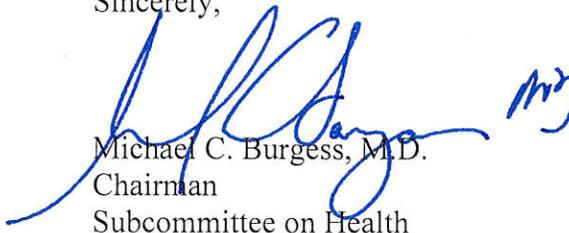
Dear Admiral Redd:

Thank you for appearing before the Subcommittee on Health on June 6, 2018, to testify at the hearing entitled "Reauthorizing the Pandemic and All-Hazards Preparedness Act."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on July 11, 2018. Your responses should be mailed to Daniel Butler, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to daniel.butler@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Michael C. Burgess, M.D.
Chairman
Subcommittee on Health

cc: The Honorable Gene Green, Ranking Member, Subcommittee on Health

Attachment

Attachment—Additional Questions for the Record

The Honorable Gus M. Bilirakis

1. Resiliency is vital to preparedness and ultimately response and recovery. The stockpile of drugs, vaccines, and other medical products and supplies, known as the Strategic National Stockpile is critical to our ability to respond and recover from catastrophic events. Reliable storage and delivery of these lifesaving medicines is also important in terms of patient safety and cost.
 - a. In what way is your agency working with industry to extend shelf life and improve resiliency of the Strategic National Stockpile?

The Honorable Markwayne Mullin

1. Do you all believe that current law puts some constraints on how BARDA is able to partner new companies and new technologies?
 - a. Follow up: Can you explain to me the limits of BARDA's authority to work with companies developing non-therapeutic technologies to counter antibiotic and antimicrobial resistance?
 - b. Follow up: Do you believe giving BARDA the flexibility to work with companies more broadly would be beneficial to BARDA as they work to achieve their mission to counter anti-biotic and antimicrobial resistance?

The Honorable Earl L. 'Buddy' Carter

1. How can ASPR ensure that the transfer is not overly disruptive for state and local health departments?
2. This past year was a very serious flu season and we learned that the virus had not changed dramatically from the previous year. With a universal flu vaccine still years away, do you think that learning more about stopping the spread of infections in doctors' offices and hospitals would be a good step in reducing the impact of the flu and other serious communicable diseases?
3. The Ebola outbreak highlighted a successful public-private partnership between the CDC and Emory University; all 4 patients that were treated in Emory's Serious Communicable Diseases Unit recovered from this highly contagious infectious disease. Building off this model partnership and the lessons learned by researchers and providers, would you be supportive of applying this knowledge to future pandemics that could affect thousands of Georgians like avian flu?

4. The Hospital Preparedness Program is an important tool for our regional health care system preparedness. Emory University has been a recipient of funding to explore innovative ways to increase hospital readiness during local or national emergencies. In partnership with GA Tech, they have developed new tools including using virtual reality to keep healthcare workers trained and up to date on best practices to help improve patient outcomes and provider safety. Do you believe this program has been helpful in getting our nation more prepared for the next epidemic?

The Honorable Frank Pallone, Jr.

The Strategic National Stockpile (SNS) is a key line of defense against natural and manmade threats. The SNS is not just a stockpile of medications, antidotes, and medical supplies, but also consists of logistical infrastructure capable of deploying products in the event of a public health emergency. The proposed bill, H.R. ____, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2018 would transfer the SNS to ASPR from the Centers for Disease Control (CDC), expand the role of ASPR in responding to public health emergencies and our national response. The transfer of the Strategic National Stockpile (SNS) from the Centers for Disease Control (CDC) and Prevention to the Assistant Secretary for Preparedness and Response (ASPR) raises a number of concerns about the stability and coordination of the SNS and ultimately, how the departmental changes could affect our national readiness and ability to respond to a public health emergency.

1. Please describe CDC's past role in leading the Strategic National Stockpile (SNS), the range and type of deployments and the types of products the CDC has delivered through the SNS program?
2. How does CDC assist state and local health departments with the "last mile" deployment of SNS items in the event of a public health emergency?
3. What training programs does the CDC sponsor are funded through the SNS program? Will the funding from SNS continue to be used to pay for training activities?
4. The President's FY 2019 budget requested the transfer of the SNS from the CDC to ASPR.
5. What is the main motivation behind this transfer of SNS?
6. What issues may be solved by this move and what challenges may be created by transferring SNS from the CDC to ASPR?
7. How will moving the SNS from CDC to ASPR affect programs that support the SNS and are run by the CDC, such as the Public Health Emergency Preparedness (PHEP) awards, which support state and local capacity to receive, distribute and dispense medical countermeasures (MCMs)?
8. How does the CDC and ASPR currently coordinate?

9. What plan does the CDC and ASPR have to ensure PHEP-supported health departments continue coordination after the transfer of the SNS?
10. How does the CDC currently coordinate with state and local health departments? How will this relationship with state and local health departments continue if the SNS is transferred to ASPR?
11. Please describe how state and local public health departments were impacted by funding from the Public Health Emergency Preparedness (PHEP) cooperative agreement being redirected for the Zika response?
12. In the opinion of the CDC, could state and local health departments maintain operations and staffing if current funding was cut or delayed?
13. When funding cuts or delays occur, how does the impact the ability of state and local health departments to respond to public health emergencies?