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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

Dr. Umair Shah
Executive Director
Harris County Public Health
2223 West Loop South
Houston, TX 77027

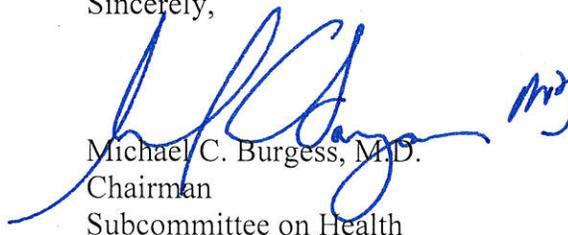
Dear Dr. Shah:

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 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

In 2014, two American medical missionaries infected with the Ebola virus disease in Liberia were evacuated by air ambulance to Emory University Hospital in my home state of Georgia. At the time, Emory had 12 years of training to address highly communicable diseases, and was chosen by the U.S. State Department and the CDC as a result of the agencies confidence in their ability to treat the patients.

Following the successful discharge of the four patients, Emory has continued to disseminate best practice information and new knowledge about treatment, complications, and the clinical course of Ebola; serve as a national leader in education and training; create new university forums; develop education materials for residents, fellows and the general public; present clinical and research findings at scientific meetings and in journal articles; and engage in the broader policy issues of preventing and treating highly contagious diseases.

1. I had the opportunity to tour the unit where these patients were treated at Emory and was impressed with the contamination prevention efforts the staff employed to protect themselves and others from the spread of this disease. Can you discuss the lessons we have learned from Emory's use of personal protective equipment for healthcare workers?
2. I have toured the CDC a number of times and am consistently impressed by the work that occurs there on a daily basis. When the SNS is transferred from the CDC to ASPR – we need to make sure that public health response capabilities are not lost. What steps need to be taken during the transfer to ensure that state and local public health departments remain engaged?
3. As you mentioned in your written testimony, you discussed the importance of reauthorizing the Hospital Preparedness Program. The HPP gives health systems the tools they need to save lives during emergencies that exceed the day-to-day capacity of hospitals and

emergency response systems. Can you discuss ways that health systems have used these funds in order to establish preparedness infrastructure?

The Honorable Frank Pallone, Jr.

1. How do public health departments currently coordinate with the CDC, Division of Strategic National Stockpile, and ASPR to develop medical countermeasures in response to public health emergencies?
2. What issues or challenges do health departments currently face with response to public health emergencies in terms of interfacing with CDC, ASPR, and use of the SNS?
3. Do you feel any issues will be resolved by transferring the SNS from the CDC to ASPR?
4. What problems may arise from the transfer of SNS from the CDC to ASPR?
5. How can the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) and medical countermeasure developers improve their response to health departments and distribution of medical countermeasures?
6. What are the most urgent state and local public health emergency preparedness priorities?
7. The proposed bill, H.R. ____, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2018, would expand the eligibility for the Hospital Preparedness Program beyond the current state and local grantees, how would this affect state and local public health emergency preparedness?
8. How would the cybersecurity provisions in the proposed bill affect state and local health departments?
9. What lessons did health departments learn from public health emergencies such as Zika and Hurricane Harvey? How can Congress improve state and local public health department efforts to respond to emergencies such as these?
10. Based on your experience with the Zika Response, could you 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?
11. What types of coordination services did the South East Texas Regional Advisory Council (SETRAC) provide during hurricane Harvey?
12. What is the impact of having an entity like SETRAC available during a disaster response?
13. How have funding cuts to the Hospital Preparedness Program (HPP) impacted local preparedness and response efforts?