

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Strategic Preparedness and Response

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Committee on Energy and Commerce
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Preparing for and Responding to Future Public Health Security Threats

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Chairs McMorris Rodgers and Guthrie, Ranking Members Pallone and Eshoo, and distinguished members of the Committee, it is an honor to testify before you today regarding areas where additional authorities could strengthen the Administration for Strategic Preparedness and Response's (ASPR) preparedness and response capabilities.

The Department of Health and Human Services (HHS) had to overcome real challenges while responding to the once-in-a-century COVID-19 pandemic and other recent emergencies, including the infant formula shortage, mpox, and Hurricanes Ian and Fiona. Similar such challenges in the future will be even harder to effectively address without appropriate additional authorities, flexibilities, and funding as requested in the FY 2024 President's Budget. Together, the proposals my colleagues and I will discuss today will help bridge key gaps and barriers to enable a robust and timely response to future emergencies—by enhancing early detection; safe, effective, and accessible Medical Countermeasures (MCMs) and other supplies such as personal protective equipment (PPE); response and health system capacity; and recovery and other supports. These proposals complement the discretionary funding and \$20 billion mandatory funding requested across HHS public health agencies to prepare for biological threats.

ASPR is working on more high-consequence, no-fail missions than ever before. We are living in an increasingly interconnected world where diseases and other threats can travel quickly, unnoticed for days. With infectious disease outbreaks becoming more frequent, we are also experiencing an increase in the frequency and intensity of public health threats and natural disasters. To keep up with the evolving threat landscape, ASPR must remain nimble and ever vigilant while learning from each response it leads. Following every response, we look internally at processes and operations and identify where improvements can be made. These assessments have revealed areas where additional authorities or modifications to existing authorities would aid our response and help us play a key role in implementing the National Biodefense Strategy, which lays out a coordinated whole-of-government plan to transform our preparedness for pandemics and deliberate biological threats.

As we move out of the acute phase of the COVID-19 response, I have begun looking at our capabilities and evaluating what additional authorities we need to improve our work going forward. As you may recall, ASPR had to rely on the Department of Defense (DoD) and DHS/FEMA for acquisitions authorities and for surge staffing support during the COVID-19 response—particularly in the early days. With your support, my goal is to position ASPR (and HHS) to stand on our own during large-scale response efforts and not need to rely so heavily on other Departments who have their own missions to run.

Supporting Procurements

Early in the COVID-19 response, it became clear that HHS could not procure the products our country needed at the speed in which it needed them. As a result, we entered into a Memorandum of Understanding (MOU) with DoD in which they agreed to provide assisted acquisitions support on our behalf. DoD executed more than \$90 billion in contracts for us over the three years of the acute response.

DoD's unique authorities allowed it to save critical time when investing in early-stage vaccines, therapies, and tests. DoD could fund promising prototypes and then move the successful ones

through the advanced research pipeline, without having to recompet the contracts. This authority was used by DoD to procure five of the six COVID-19 vaccines on behalf of HHS. ASPR's current authorities, on the other hand, require it to stop and recompet the contracts when they move into the next phase of development. The authority to award follow-on production contracts from prototypes without recompeting the requirements would allow ASPR to move more quickly in the future without having to stop to negotiate an agreement for DoD's support. In addition, we know that DoD has its own set of critical national security responsibilities across this complex threat landscape and may not always be in a position to assist ASPR in contracting efforts.

Increasing Domestic Manufacturing

Throughout the acute phase of the pandemic response, supply chain issues emerged as rate-limiting factors again and again. ASPR's industrial base management and supply chain work was borne out of the initial supply chain pinches the country experienced in March 2020 when the whole world needed the exact same supplies at the exact same time and they were all manufactured elsewhere.

Using emergency supplemental appropriations, ASPR is building a program to ensure we have personal protective equipment and critical supplies manufactured in the United States moving forward. COVID-19 supplemental legislation also included language that allowed ASPR to support the physical construction of domestic manufacturing facilities. These construction authorities have been used to support the construction of new factories nationwide for COVID-19 related medical supplies. Once the COVID-19 funds run out we lose that authority and the work will stop. Authority for acquisition, construction, or alteration of non-federally owned facilities would allow ASPR to sustain the work to onshore and build domestic manufacturing capacity for critical medicines that will otherwise be produced in China and to expand this work to other parts of the public health supply chain as appropriate.

Ensuring the People are in Place to Prepare, Respond, and Recover

Throughout the various responses in 2022 – ranging from naturally occurring events like tornados and hurricanes to infectious diseases, including Ebola Sudan, COVID-19, and mpox – filling critical workforce gaps across the organization has been a challenge. Similar to our reliance on DOD for contracting support, we relied heavily on FEMA and the Coast Guard to bolster our response staff. Having additional hiring flexibilities would go a long way toward ensuring that we are able to quickly scale up our responses when necessary. For example, we are seeking a permanent extension of the direct hire authority for National Disaster Medical System (NDMS) personnel. Congress has extended this authority multiple times as part of appropriations legislation. We are now seeking to make it a permanent authority. We are also seeking authorities to allow for some pay flexibilities to ensure we are recruiting and retraining the right skilled labor force needed for these high consequence no-fail missions.

Helping States, Localities, Tribes and Territories Augment Their Staff During an Emergency

In addition to having a strong federal response workforce at ASPR, State, local, tribal, and territorial (SLTT) partners have asked us for additional flexibilities they could use to strengthen their own responses and better support our efforts.

Our State partners have made it clear that providing liability coverage to enrolled Medical Reserve Corps (MRC) volunteers would enhance utilization of the Corps in response and recovery activities. If liability coverage were extended to MRC volunteers, these volunteers--most of whom have some medical credentials--could provide clinical support to local healthcare systems and would serve as volunteers, reducing the overhead for deployment. In addition to providing the States' immediate augmentation support on the ground, this authority would also reduce our need to routinely deploy the more costly and specialized NDMS teams. ASPR already has an operational system to verify MRC volunteers' credentials; we just need the technical authority to provide the liability coverage to volunteers under this system. If approved, the MRC volunteers could be deployed as a federal asset, similar to NDMS, allowing us to leverage over 300,000 MRC volunteers nationwide for federal responses such as hurricanes.

Investing in Process Efficiencies

With the designation of ASPR as an Operating Division in July 2022, ASPR seeks authority to institute a Working Capital Fund (WCF) to support oversight and management of central costs for the agency. A WCF is used by many operating divisions to manage enterprise-wide spending and create transparency across the organization. We began building our WCF when we were still a staff division using delegated authorities attached to the Office of the Secretary. When ASPR became a stand-alone agency, it was determined that ASPR could no longer use delegated authority for a WCF but would require direct authorization. Given ASPR's growth over the last few years, it is important that it have a WCF fund to provide greater accountability and transparency in its organization-wide spending.

Hearing From Outside Experts

ASPR is charged with managing the National Advisory Committees focused on needs and considerations for at-risk individuals during times of disasters. These include seniors, children, and those with disabilities. The committees provide valuable insight and perspective into the needs and challenges of these populations in times of emergency, and they help inform the work that we do. We value the work of these committees and are seeking their reauthorization.

Conclusion

At ASPR, we have learned a lot since our last reauthorization, and it is imperative that we apply those lessons to this current effort. We know that it is not a matter of whether we will have another public health emergency or disaster, but a matter of when. With your support, we can be ready. All of the proposals submitted to Congress in the Fiscal Year 2024 President's Budget for consideration in the next iteration of the Pandemic and All-Hazards Preparedness Act will strengthen ASPR and also enhance national security and biodefense efforts. If authorized, these proposals will ensure ASPR can execute contracts quickly and efficiently to move the needle forward in preparing for future infectious disease threats. ASPR will be positioned to increase domestic manufacturing. We will be in a place where states, locals, tribes, and territories have additional flexibilities and options to augment public health and medical needs before, during, and after disaster. and lastly, we will have greater process efficiencies and programs to aid in internal management of resources.

Thank you again for inviting me to testify today to highlight where additional authorities would aid ASPR in responding to future public health emergencies. I look forward to answering your questions and working with you and your staff as we move forward in the 118th Congress.