

Committee on Energy and Commerce
Opening Statement
of
Subcommittee on Health Ranking Member Gene Green
June 6, 2018

Examining the Reauthorization of the Pandemic and All-Hazards Preparedness Act

Thank you, Mr. Chairman, for holding today's hearing on the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA). I also thank our witnesses, particularly Umair Shah, Executive Director of Harris County Public Health, for joining us this morning.

Events in recent years, including natural disasters, cyberterrorism and the influenza epidemic have posed a threat to our public health systems and our national security. PAHPA provides a framework that allows us to address in a coordinated way various threats both natural and man-made.

As a founding member of the Congressional Public Health Caucus and longtime advocate for public health, I hope our committee will look at the very real threat that antimicrobial resistance poses.

Antibiotics and antimicrobial agents have been used for the last 70 years to treat patients who have infectious diseases. These drugs have greatly reduced illness and death from infectious diseases. However, these drugs have been used so widely and for so long that the infectious organisms the antibiotics are designed to kill have adapted to them, making the drugs less effective.

Each year in our country, at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die annually as a direct result of these infections.

In past years, the Generating Antibiotic Incentives Now (GAIN) and the Antibiotic Development to Advance Patient Treatment Act (ADAPT) have sought to address both the economic hurdles and the regulatory barriers to the development of new antibiotics.

Through the reauthorization of PAHPA, we need to ensure that the proper incentives are in place that will lead to investment in the development of new antibiotics and antimicrobial agents.

I believe the creation of a market entry reward program that incentivizes manufacturers to develop novel antibiotics would provide the best bang-for-your-buck in this space. I would like to work with my colleagues on this critical issue.

In addition to addressing antimicrobial resistance, we also need to further consider the proposal to move the Strategic National Stockpile (SNS) from the CDC to the Office of the Assistant Secretary for Preparedness and Response. My home state and my district were heavily impacted by Hurricane Harvey last year. In response to the flooding, the SNS was deployed to Houston to provide needed materiel to help local and state health departments respond to the overwhelming needs of the community.

The SNS been deployed countless times. Since its inception, it was placed in the CDC. Over the years, the CDC has worked closely with state and local health departments, to respond to public health emergencies.

Before our committee codifies any changes to the SNS, we must learn whether this is the best policy and will advance human health. Additionally, as we discuss the move of the stockpile from the CDC to the ASPR, we have to ensure that the systems and networks which have been put in place are not disrupted in order that the stockpile may be deployed successfully when needed.

Thank you, Mr. Chairman. I yield the remainder of my time to my colleague, Congresswoman Eshoo of California.