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Pallone Remarks at Pandemic and All Hazards Preparedness Act Reauthorization Hearing

Washington, D.C. – Energy and Commerce Ranking Member Frank Pallone, Jr. (D-NJ) delivered the following opening remarks today at a Subcommittee on Health hearing on "Examining the Reauthorization of the Pandemic and All Hazards Preparedness Act:"

Today we will examine the reauthorization of a critical law known as the Pandemic All-Hazards Preparedness Reauthorization Act or PAHPA. It is designed to prepare for and respond to health security events and emergencies that unfortunately are all too common. These include bioterrorism acts, the spread of emerging infectious diseases, and natural disasters.

In order to effectively prepare for and respond to these types of events, we must have extensive coordination between federal, state, local, tribal governments and private sector organizations. The critical programs included in this law help to accomplish that goal.

That is why I am disappointed that on a bill of such magnitude my staff and our witnesses, including the Administration, did not receive the draft legislation until late last week. This has been a very broken legislative process to date. And now the Administration is limited in the feedback it can provide on the specific provisions of the bill. I hope moving forward we will work together to ensure that these policies are fully understood.

Federal funding and support for local, state, and tribal public health activities is critical to saving lives. This existing public health infrastructure is how we respond to all types of hazards. Unfortunately, our public health capacity and infrastructure is not as strong as it could be. Public dollars have been depleted and the workforce has shrunk. Public funding is also not stable or reliable from year to year, making planning across all levels of government difficult.

I am worried that there is a lack of public health funding at a time when communities are facing increased need. For example, climate change is creating conditions for increased extreme weather events. Last year, hurricanes in Texas, Florida, Puerto Rico and the U.S.

Virgin Islands placed significant stress on our public health system. We need to increase public health funding, including to programs authorized by this bill, to bolster both our ability to prepare for and respond to these threats.

While I am generally supportive of the draft bill – I'd like to outline some specific concerns and questions. First, the Public Health Emergency Response Fund is funded using transfer authority. This is short sighted. We witnessed the downside of this approach firsthand during the Zika outbreak when the Republican Congress forced the Administration to fund our initial Zika efforts through transfers of existing appropriations. As a result, a state like Michigan, which was confronting its own public health emergency, the Flint water crisis, had some of its public health funding sent to states at high risk of local Zika transmission. Michigan lost funding that it could have used to address its own crisis in Flint. We shouldn't have to pick one crisis over another. New, real funding should be put in this fund.

Second, I have yet to hear a strong argument for moving the Strategic National Stockpile (SNS) from the Centers for Disease Control and Prevention (CDC) to the Assistant Secretary of Preparedness and Response (ASPR) in statute. The Secretary of HHS can and has already started the process of moving the SNS under existing law, and I see no reason to codify this move before we know the consequences. We must make certain that placing the SNS in ASPR instead of CDC does not weaken our current preparedness and response capabilities before making such a move permanent. From what I can tell, we are trading some debatable improvements in procurement efficiency on the front end for the ability to more effectively reach communities and individuals with the materials they need in case of a public health emergency. I would argue that ensuring that we can reach people with potentially life-saving drugs and medical supplies in the event of a public health emergency must be our top priority. CDC has the relationships and expertise that make the most sense for managing and operationalizing the stockpile, as well as a record of successful stewardship of the SNS.

Third, I have numerous questions regarding the intent of the cybersecurity language in this draft. As many are aware, the Oversight and Investigations Subcommittee has been working on this issue, and has discovered challenges regarding internal and external cybersecurity preparedness within HHS. I agree we need to do more to protect our health system from cyberattacks and the potential interruptions of care because of those attacks. However, we need to make certain that placing increased cybersecurity authorities within ASPR and as part of other emergency preparedness and response programs is the optimal solution. And if it is, that we authorize the resources to support any new authorities. Simply adding the word "cybersecurity" to certain programs within the Public Health Service Act and FDA's emergency use authorities will do little to boost our preparedness and response for cybersecurity threats unless it is done thoughtfully and with consideration for the problem we are trying to solve. I look forward to learning what exactly the role the Assistant Secretary for Preparedness and Response would play, under this legislation, in the event of a cybersecurity attack on the health care system.

I believe we should evaluate this legislation based on whether Americans in all corners of the country will be safer or not. I look forward to continuing our work on this bill.

Thank you, I yield the remainder of my	hank vou.	nainder of mv time.
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