

February 4, 2022

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor, and
Pensions
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor, and
Pensions
United States Senate
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr:

On behalf of the National Association of County and City Health Officials (NACCHO) and the nearly 3,000 local health departments across the country, thank you for the opportunity to provide feedback on the discussion draft of the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act). We applaud your bipartisan work to strengthen the nation's public health and preparedness response systems.

Sec. 101. Comprehensive review of the COVID-19 response

NACCHO appreciates the establishment of a Task Force to comprehensively review the U.S. response to the COVID-19 pandemic across the governmental enterprise. Such a review is important in understanding the gaps in our response and documenting best practices, in order to improve the nation's preparedness for future public health emergencies. To support a truly comprehensive review, NACCHO offers the following recommendations:

- Provide the Task Force with subpoena power as noted in brackets on page 13-14 of the text.
- The COVID-19 response has impacted nearly all sectors of the federal government. Therefore, NACCHO recommends the legislation require the Task Force to submit both the interim and final reports to all relevant congressional committees including, but not necessarily limited to, the Senate Committee on Homeland Security and Governmental Affairs, the House Committee on Homeland Security, and House and Senate Committees on Armed Services.
- Provide flexibility to the termination date of Task Force work. In current text, the Task Force and its authorities will terminate 60 days after the date of their final report is submitted, not later than one year after the date of enactment of the bill. The nation is still in the midst of the COVID-19 pandemic, with the country suffering over 2,000 deaths per day at the end of last month. A comprehensive review of the COVID-19 response must be able to examine the *full* duration of the pandemic, without an artificial termination date that does not align with the true end of the pandemic. NACCHO respectfully recommends that Sec. 101 (j) (2) be amended to be tied to the public health emergency declaration and read:

(2) *Final Report.* -

(A) *IN GENERAL.* — ***Not later than one year after the end of the public health emergency declared under section 319 of the Public Health Service Act (42 U.S.C. 247d) with respect to COVID-19, the Task***



Force shall submit to the President, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives a final report containing such findings, conclusions, and recommendations as have been agreed to by 8 members of the Task Force. The final report shall be made available online in a manner that does not compromise national security.

Sec. 102. Appointment and authority of the Director of the Centers for Disease Control and Prevention

While NACCHO appreciates the importance of a strong partnership between Congress and the Agency, NACCHO is concerned about the inclusion of Sec. 102 requiring Senate confirmation of the CDC Director. The COVID-19 pandemic has shown the importance of having leadership in place on day one of a public health emergency. Senate confirmation for sub-Cabinet roles takes an average of 115 days, a delay that would severely hinder an effective public health response amid a crisis.

NACCHO supports the strategic plan required by Sec. 102 and recommends the addition of authorization for a Professional Judgment Budget or Presidential Bypass Budget for the CDC and the Agency for Toxic Substances and Disease Registry. Other health agencies such as the National Cancer Center, National Institutes of Health Office of AIDS Research, and the CDC 317 vaccination program submit such Professional Judgment Budgets, so there is precedent for this type of approach. This will provide additional feedback to Congress about resource needs in critical public health areas for future action. Suggested bill language could read:

BYPASS BUDGET. – The Committee directs the CDC and ATSDR to submit a report to the Committee in conjunction with the fiscal year 2024 Congressional Budget Justification and every fiscal year thereafter detailing a professional judgment on the necessary budget and infrastructure requirements to fully operationalize the strategic plan. This report shall also include an assessment of current agency capabilities related to public health. This professional judgment should be linked to the strategic plan, consider the changing public health landscape of a steady-state program, and be prepared independently of the President's budget request and Administration and agency priorities."

Sec. 103. Public health and medical preparedness and response coordination

Funding provided by the federal government to respond to COVID-19 has had varying reach to the local level. To increase oversight and understanding of how funding is being deployed at the community level, NACCHO requests that the report of expenditures from the Public Health Emergency Fund track awards beyond the "recipient" level to include subawards to local health departments from state health departments. Bill language beginning on page 31 could be amended to read:

(2) by amending paragraph (3)(A) to read as follows:

“(A) the expenditures made from the Public Health Emergency Fund in such fiscal year, including—

“(i) the amount obligated;

*“(ii) the recipient or recipients of such obligated funds **including subawards to local health departments;***

“(iii) the specific response activities such obligated funds will support; and

“(iv) the declared or potential public health emergency for which such funds were obligated; and”.

Sec. 104. Strengthening public health communication

NACCHO agrees that public health communication must be improved at all levels of government. In addition to an advisory group, NACCHO recommends Congress make significant investment in effective public health communications, including research into best practices for different audiences, addressing distrust of public health agencies, and combatting misinformation. CDC and other federal, state, and local public health agencies should receive funding to engage with a diverse group of stakeholders and community members to research and test effective public health messaging, translating complicated concepts to a lay audience, using social media, and countering misinformation and disinformation.

One way Congress could enhance public health communication is through predictable, sustained, disease-agnostic funding for core public health capabilities, such as that provided for in the Public Health Infrastructure Saves Lives Act (S. 674), that health departments could use to address cross-cutting needs like communication and community outreach staff. These positions build important relationships and trust and can be utilized to promote health literacy and accurate information on a wide range of public health topics.

In order for the Committee's work to be informed by the realities on the ground, NACCHO also recommends that the Advisory Committee include current public health practitioners at the local and state health department level and suggests the following language for Sec. 104 related to the composition of the Advisory Committee:

*“(B) individuals, appointed by the Secretary, with expertise in public health (**including current local and state health department employees**), medicine, communications, related technology, psychology, national security, and other areas, as the Secretary determines appropriate, who shall serve as voting members.”*

Sec. 111. Improving state and local public health security

NACCHO appreciates the need to update the Public Health Emergency Preparedness (PHEP) cooperative agreements to ensure coordination between health departments and other agencies and entities in which there is an increased risk of infectious disease outbreaks. NACCHO recommends that the coordination and technical assistance requirements included here also be added to the Hospital Preparedness Program so that the two programs can be coordinated and aligned.

Similarly, it is important that there is strong coordination across levels of government (i.e., between federal, state, *and* local health departments) on not only PHEP funding, but also implementation and strategy. NACCHO stands ready to work with the Committee and other stakeholders to strengthen the PHEP authorization language to support strong coordination and collaboration across all levels of government to better ensure all-hazards preparedness at all levels.

Sec. 114. Assessment of containment and mitigation of infectious disease

A small number of very large cities received direct funding and support from the federal government on their response plans via the same funding streams as states and territories. Therefore, NACCHO recommends that language throughout this section that currently refers to states and territories be revised to say “states, territories, **and localities, as appropriate**” so that all directly-funded jurisdictions are eligible for GAO study. We also encourage GAO to explore how the local health departments were

involved in informing the state-level plans. NACCHO respectfully suggests the following language for Sec. 114(a)(1):

*(1) a review of such State, territorial, **and, as appropriate, local** preparedness and response plans in place during the COVID–19 pandemic, an assessment of the extent to which such plans facilitated or presented challenges to State, local, and territorial responses to such public health emergency, including response activities relating to isolation and quarantine to prevent the spread of COVID–19; **the inclusion of local health department consultation in the development of the plans, and***

Sec. 201. Addressing social determinants of health and improving health outcomes

We appreciate the inclusion of this important section and attention to social determinants of health. Local health departments serve as key conveners in their communities to work across sectors to address these issues. CDC currently has a grant program in the field entitled Closing the Gap with Social Determinants of Health Accelerator Plans, which funds 20 recipients, including 10 local health departments directly, to help prevent and reduce chronic diseases among people experiencing health disparities. We encourage the Committee to specify that Section 201 shall be carried out by the CDC in order to build upon their existing work.

Sec. 211 Modernizing biosurveillance capabilities and infectious disease data collection, and Sec. 212 Genomic sequencing, analytics, and public health surveillance of pathogens

Updating surveillance systems and genomic sequencing across the entire public health system will improve the nation’s preparedness and pandemic response capabilities. The governmental public health system’s data infrastructure, particularly at the state and local level, is lacking, in part because those needs have not always been accounted for in federal health information technology efforts. Recent investments in the CDC’s Data Modernization Initiative, including in COVID-19 response legislation, have been valuable and should be maintained; however, to fully realize the potential of data modernization, public health systems at the local and state level must be modernized as well. NACCHO recommends at least \$7.84 billion over the next five years and sustained annual investments over the next decade to support data modernization throughout all levels of the public health system – federal, state, and local. Such investment is needed to transform public health surveillance into a state of the art, secure, and fully interoperable system. Further, this funding is essential to attract, train, and retain the diverse workforce needed across the governmental public health enterprise to build, implement, and sustain a modern public health data infrastructure.

Sec. 213. Supporting public health data availability and access

Federal, state, and local public health data systems are in dire need of upgrades to be well-equipped to respond to future public health threats, but we also need to improve data quality and consistency. Instructing CDC to create and disseminate public health data standards will have a real impact in the field and is something that local health departments have requested previously. Local health departments are both contributors and *primary* users of public health data. Without granular, real-time public health data, local health departments cannot properly prepare and respond to public health challenges. With it, however, they can make data-driven decisions to target their efforts. This will enable them to be more effective and efficient in leveraging their limited funding and resources. Local health departments of all sizes and levels of rurality must be engaged in this process in order for the results to be effective. Therefore, NACCHO urges that the Committee require public health data

initiatives to consider local access and needs at all stages of development and respectfully requests the following revisions to Sec. 213:

- Require that the CDC Director consult with state *and local* public health departments of varying size and geography in designating public health data standards
- Include “*local health departments, where applicable*” in the list of external entities with which the CDC and ASPR may update memoranda of understanding, data use agreements, or other applicable agreements and contracts to improve appropriate access, exchange, and use of public health data.

Sec. 221. Improving recruitment and retention of the frontline public health workforce

NACCHO greatly thanks the Committee for including Sec. 221, which would reauthorize the Public Health Workforce Loan Repayment Program to provide loan repayment to individuals in exchange for working at a state, territorial, tribal, or local public health department. Enacting and implementing such a federal loan repayment program has been a priority of NACCHO’s for several years to address the public workforce crisis that predates COVID-19 but has worsened during the pandemic response. NACCHO especially supports several aspects of the loan repayment program as drafted in the PREVENT Pandemics Act:

- Requiring a three-year service requirement for loan repayment recipients. A service requirement of this length (as opposed to a shorter term) will help health departments to retain talent and provide additional stability for the public health workforce.
- Providing loan repayment of up to \$50,000 annually. Health departments are limited in the salaries they can provide potential employees, making it difficult to compete for talent. The higher the amount of loan repayment a health department can offer, the more competitive they can be in attracting skilled workers.
- Allowing an inclusive range of certificates and degrees to qualify for the loan repayment program. Public health departments have a diverse range of staffing needs. NACCHO believes the language in the PREVENT Pandemics Act reflects that reality and will allow each health department to recruit staff that best suits their unique needs.

To ensure efficient use of federal dollars, NACCHO respectfully requests that the Committee work to ensure that loan repayment funds under this program be exempt from federal income and unemployment taxes, just as they are under the National Health Service Corps program. This will streamline administration of the program, reduce administrative burden, and make best use of federal resources, which could be achieved with the addition of the following language:

TAX TREATMENT OF PAYMENTS.—For purposes of the Internal Revenue Code of 1986, a payment made under this section shall be treated in the same manner as an amount received under section 338B(g), as described in section 108(f)(4) of such Code.”

NACCHO also requests that the Committee amend Sec. 221 and the underlying statute to strike “**related training fellowship**” from being eligible for the Public Health Loan Repayment program. The loan repayment program is intended to help bolster the formal public health workforce in the long term, and fellowship programs are by design temporary, short-term positions. Targeting resources to individuals committing to full time employment will most effectively build a permanent public health workforce.

Sec. 404 Improving transparency and predictability of processes of the Strategic National Stockpile

NACCHO appreciates the Committee including these provisions. It is critical that public health stakeholders – including state, local, and tribal governments – know what to expect in a crisis. The Strategic National Stockpile (SNS) should serve as an asset to state and local governments available in emergencies to deliver medical countermeasures and supplies using point-to-point distribution, and public health stakeholders must know what assets are available and how they will be distributed so they can properly prepare for and respond to public health emergencies. NACCHO requests that the reports to Congress required under this section be considered for public release, or at minimum, a version of the reports be shared with public health stakeholders across the field, including local health departments, to increase transparency about this important asset.

We also respectfully request the inclusion of “localities” as an SNS stakeholder:

*(a) GUIDANCE.—Not later than 60 days after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall issue guidance describing the processes by which the Secretary deploys the contents of the Strategic National Stockpile under section 319F–2(a) of the Public Health Service Act (42 U.S.C. 247d–6b(a)), or otherwise distributes medical countermeasures, as applicable, to States, **localities**, territories, Indian Tribes and Tribal organizations*

Sec. 410 Grants for state strategic stockpiles

Local health departments are a key stakeholder for strategic stockpiles, therefore, we respectfully request the following edits to incorporate the appropriate public health perspective:

*(a)(i)(4)(H) carry out other activities as the entity determines appropriate, to support State **and local** efforts to prepare for, and respond to, public health threats.*

*(a)(i)(6) GUIDANCE FOR STATES.—Not later than 180 days after the date of enactment of this subsection, the Secretary, in consultation with States, **state and local** health officials, and other relevant stakeholders, as appropriate, shall issue guidance, and update such guidance as appropriate, for States related to maintaining and replenishing a stockpile of medical products, which may include strategies and best practices related to—*

Sec. 508. Improving FDA guidance and communication

NACCHO appreciates the Committee’s inclusion of provisions to improve communication around FDA guidance. Local health departments are often the voice in their community responsible for explaining guidance and decision-making executed at the federal level. As such, NACCHO recommends that public health be included in the list of stakeholders that the Secretary must consult with in developing and implementing a plan for FDA best practices for communicating with external stakeholders by inserting “**State, local, and Tribal public health officials**” in (c) beginning on page 184, line 14.

Public health infrastructure

NACCHO applauds the Committee’s commitment to improving the public health preparedness and response system. COVID-19 has reinforced the need for sustained investment in local health departments to enable them to address existing public health challenges and be prepared to respond to

future public health emergencies. NACCHO respectfully encourages the Committee to include in the PREVENT Pandemics Act sustainable, disease-agnostic, mandatory funding to support local public health infrastructure. This funding should be in addition to the annual discretionary appropriations, designed to strengthen the entirety of the governmental public health system.

Thank you again for the opportunity to provide feedback on behalf of our nation's local health departments. For additional information, please contact Adriane Casalotti, NACCHO's Chief of Government and Public Affairs, at acasalotti@naccho.org. NACCHO looks forward to working with the Committee to finalize the PREVENT Pandemics Act and move it into law.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Tremmel Freeman". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Lori Tremmel Freeman, MBA
CEO