Suggestions on how to reauthorize and revise existing PAHPA programs

Please provide suggestions for the programs listed below. If you do not have a suggestion for a specific program, please leave the form blank.

# National Health Security Strategy (NHSS)

The forthcoming 2023-2026 National Health Security Strategy's (NHSS) Implementation Plan should explicitly define Lead and Support departments and agencies for each action, similar to the 2022 National Biodefense Strategy and Implementation Plan. This, along with detailed targets to achieve each end-state, will provide direction as well as goalposts with which to measure progress. Designating specific departments and agencies as leads and supports for each action will provide clarity on the division of responsibilities, and lay the groundwork for additive collaboration across government sectors.

## Public Health Situational Awareness and Biosurveillance Network Program

The ability to quickly and securely receive public health and outbreak data is a linchpin to controlling potential epidemics and pandemics. Awareness of 'peacetime' levels of disease makes it easier to detect when unexpected spikes occur. Further, the ability to see disease levels ebb and flow during a 'wartime' outbreak would streamline the dispensation of resources and emergency personnel. Thus, it is imperative that steps are taken to build a national disease surveillance network and public health situational awareness capacity. Although PAHPA in 2006 and PAHPAIA in 2019 both stressed the need to improve situational awareness and biosurveillance capabilities, very little has been implemented to achieve the requirements laid out in those pieces of legislation. The PAHPA reauthorization must include funding and guidance on:

- Establishing a near real-time electronic nationwide public health situational awareness and biosurveillance capacity and infrastructure;
- Developing a plan for safely and securely sharing information domestically and internationally; and
- Enshrining an appropriate management and governance structure within HHS to spearhead all related work.

Further, this program of work would also benefit from:

- Increased funding to hire and train more IT staff to implement disease surveillance systems and build dedicated IT infrastructure for data storage and sharing; and
- The inclusion of funding for a prize or grand challenge to solve the persistent and intricate issue of streamlining and merging patient health info, like immunization records, with disease surveillance systems.

For more on a national disease surveillance model, please see:

https://www.dayoneproject.org/ideas/establishing-a-national-endemic-disease-surveillance-initiat ive-nedsi/

### National Disaster Medical System (NDMS)

NDMS is a vital part of the U.S.'s ability to respond to biological threats – natural, accidental, or deliberate. PAHPA reauthorization should include increased funding for NDMS, specifically to:

- Improve and expand trainings available to enrolled hospitals and caregivers;
- Evaluate the size and training status of available emergency responders; and
- Increase funding for telemedicine infrastructure and training, especially in rural areas.

## Strategic National Stockpile (SNS)

The SNS must constantly rotate its inventory, removing aging equipment and medical countermeasures (MCMs) to replace them with new ones, ensuring that no expired items are left in the SNS. This system can be improved by utilizing the HHS infrastructure used during the COVID-19 pandemic to ship free diagnostic tests to every home. SNS can build on this infrastructure by creating a masks-by-mail program using inventory from the Stockpile with a first in, first out approach. This would ensure that the contents of the SNS are consistently cycled and renewed, and would greatly contribute to improving overall public health and strengthening resilience in the face of a future pandemic. This program could also be expanded for other MCMs present in the SNS, as drugs, vaccines, and other personal protective equipment could be cycled out and sent to hospitals and health care facilities with the greatest need. For more on a masks-by-mail program, please see:

https://www.dayoneproject.org/ideas/masks-via-mail-maintaining-critical-covid-19-infrastructure-f or-future-public-health-threats/

## Biomedical Advanced Research and Development Authority (BARDA)

Congress should authorize and appropriate \$10 billion to BARDA over 10 years to create an investment fund focused on incentivizing vaccine development for priority emerging infectious diseases. BARDA is especially suited to this task due to their unique experience engaging with the private sector – in 2021, they announced a venture capital partnership with the Global Health Investment Corporation to commercialize technologies integral to the U.S.' health security preparedness and response. \$10 billion would be enough to ensure sufficiently low financial risk to attract more private-sector partnerships for both equity and R&D. It would also generate tremendous returns by helping to prevent future pandemics and their associated cost.

The fund would use demand-pull mechanisms to promote vaccine R&D innovation in the private sector. This could take the form of advance market commitments, milestone-based payments, early-stage challenges, and other incentive strategies. The fund would also support the growth of manufacturing and distribution facilities, and provide limited government guarantees, equities, and securities to investors in vaccine development. For more on a vaccine investment fund, please see:

https://www.dayoneproject.org/ideas/pandemic-readiness-requires-bold-federal-financing-for-va ccines/

BARDA is also in a unique position to spearhead the development of essential platform technologies for pandemic response. Rather than wait for an infectious disease epidemic to occur before beginning development of market-ready countermeasures, steps should be taken to proactively develop novel diagnostic tools, vaccines, and treatment drugs for currently unknown threats. To this end, the reauthorization of BARDA should incorporate the Disease X Act (S.2640), introduced in August 2021 by Senator Tammy Baldwin. This inclusion would provide \$500 million per year for four years for BARDA to establish a Disease X Medical Countermeasures Program to develop pathogen-agnostic responses to unknown threats. This initiative would also preserve the robust and highly effective public-private partnerships forged during Operation Warp Speed, redirecting them towards a more expansive and ambitious common goal.

If you have a policy suggestion that does not fit within one of the currently authorized programs or initiatives, please provide information about that request. If you are seeking statutory changes to a public health preparedness program that has been appropriated, but not authorized, please make that distinction.

If you view any of the current programs or initiatives as being duplicative to already existing efforts, or are proposing a program to replace currently existing efforts, please note that.

Finally, please submit your top three priorities for the 2023 PAHPA reauthorization in order of preference.

- 1) Increasing funding and guidance for the Public Health Situational Awareness and Biosurveillance Network Program;
- 2) Expanding the funding and mission of Biomedical Advanced Research and Development Authority (BARDA); and
- 3) Increasing the funding and reach of the National Disaster Medical System (NDMS)