

February 4, 2022

Dear Chairwoman Murray and Ranking Member Burr,

Thank you for the opportunity to provide comments and feedback on the recently released bipartisan discussion draft of the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act). We thank you and your staff for the work you have put into crafting this thoughtful draft to operationalize lessons learned throughout the COVID-19 pandemic.

We are a coalition of academic medical centers and national groups that support the bipartisan and bicameral *COVID-19 and Pandemic Response Centers of Excellence Act (H.R. 4292, S.2307)*. We urge inclusion of this bill in the next iteration of the PREVENT Pandemics Act. Our legislation offers a streamlined and holistic approach that hits your targets for reform simultaneously through a comprehensive yet focused program that gives flexibility to improve our nation's public health infrastructure and medical preparedness and response capabilities in advance and in real-time.

During these unprecedented times, academic medical centers like ours have been at the forefront of our nation's fight against COVID-19 by translating both expertise and on-the-ground experience into real-time development of knowledge and actionable measures that have filled in the gaps between a static preparedness infrastructure and a novel virus outbreak. Our Centers of Excellence program will provide the federal resources needed to advance the patient care, cutting-edge research, education, and community outreach led by academic medical centers as we continue to fight COVID-19.

We appreciate the Committee's acknowledgement of the important role that academic medical centers play in our nation's preparedness and response infrastructure. The missing link in current public-private programs is the intersection between on-the-ground health care delivery, rapid innovation, and uptake. Academic medical centers have been uniquely positioned to be the bridge between stakeholders like government, academia, public health, health care, and private industry, while simultaneously providing world class care to our communities.

We wish to draw your attention to key components of the *COVID-19 and Pandemic Response Centers of Excellence Act* that not only integrate but also improve upon proposals included in the PREVENT Pandemics Act. The *COVID-19 and Pandemic Response Centers of Excellence Act* provides funding to carry out the provisions of the bill. With the gambit of problems and solutions needed to fight pandemics, the most efficient and effective use of taxpayer dollars is through sufficient investment in a high-yield program that can achieve the same means through a collective push. Our proposed Centers of Excellence program includes deliverables and capabilities sought in multiple sections of the draft:

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

- Sec.104.Strengthening public health communication.
- Sec.214.Epidemic forecasting and outbreak analytics.
- Sec.222.Awards to support community health workers and community health.
- Sec.231.Centers for public health preparedness and response.
- Sec.301.Research and activities related to long-term health effects of SARS-CoV-2 infection.
- Sec.302.Research centers for pathogens of pandemic concern.
- Sec.303.Improving medical countermeasure research coordination.
- Sec.304.Accessing specimen samples and diagnostic tests.

We appreciate that Section 231, Centers for Public Health Preparedness and Response, mirrors the program we propose in the *COVID-19 and Pandemic Response Centers of Excellence Act*. We appreciate that the Committee has improved existing to statute to reflect previous recommendations. However, there are two critically significant differences that limit the benefit of the infrastructure as proposed in the PREVENTS Pandemic Act. The latter expands the scope of public health emergencies beyond pandemics to include “*chemical, biological, radiological, or nuclear threats, including emerging infectious diseases, and other public health emergencies*”.

We believe a range of focus areas this broad dilutes the advantage of having the brightest minds working together to attack an enemy with battles on multiple fronts. As currently written, this section could simply recreate another fragmented network with a Center in California working on public health preparedness and response capabilities for biological threats, a Center in Texas working on chemical threats, a Center in New York working on nuclear threats, a Center in Florida working on infectious disease, etc. This is the status quo infrastructure that was ineffective against fighting COVID-19, and precisely the obstacle that our program would overcome. We offer a recommendation that the Centers for Public Health Preparedness and Response be focused on public health emergencies related to pandemics and infectious diseases with the potential to become a severe public health threat.

The second difference also presents a significant shortcoming. In the PREVENTS Pandemic Act, research funds are limited to “*evidence-informed or evidence-based practices to inform preparedness for, and responses to*” national threats. The limitation to solely improving behavior and systems misses the opportunity to capitalize on the critical capability for tangible solutions, which distinguishes academic medical centers from other entities. The *COVID-19 and Pandemic Response Centers of Excellence Act* includes the clinical research and product development research that is allowed in Section 302 of this draft, Research Centers for Pathogens of Pandemic Concern. Academic medical centers’ clinical operations inform gaps in knowledge and our research expertise facilitates solutions on both fronts.

In addition to expanding the areas of research allowed, we note that including language allowing for the purchasing of equipment to advance research and response operations would ensure awarded institutions can make the investments necessary to ensure meaningful and expedited impact. As an example, the current receipts-based reimbursement process with six to twelve

months delay in receiving funds has hampered the purchasing of equipment for testing. With product shortages, time is of the essence.

Again, we applaud and thank you for your efforts to improve our nation's capability and capacity to better respond to pandemics. We appreciate your strong consideration of including and further integrating the *COVID-19 and Pandemic Response Centers of Excellence Act* in the final version of the PREVENT Pandemics Act.

Please contact Alessia Daniele of Weill Cornell Medicine at ald2035@med.cornell.edu if there is any additional information we could provide or questions we may be able to answer. Thank you for this opportunity to participate and engage in this important initiative.

The *COVID-19 and Pandemic Response Centers of Excellence Act* has been endorsed by:

The National Rural Health Association (NRHA)
AARP
The Infectious Diseases Society of America (IDSA)
The Long COVID Alliance
The American Academy of Physical Medicine and Rehabilitation (AAPM&R)
The Associated Medical Schools of New York (AMSNY)
Solve M.E/CFS Initiative
Baylor Scott & White Health
Cornell University
Houston Methodist
Johns Hopkins University & Medicine
Louisiana State University
Mass General Brigham
NYU Langone Health
Rutgers - The State University of New Jersey
Stony Brook University
The Ohio State University
The University of Utah
University of Iowa Health Care
Washington University
Atrium Health
UNC Health & UNC School of Medicine
The State University of New York (SUNY)
New York-Presbyterian
University of Arkansas for Medical Sciences (UAMS)
University of Rochester Medical Center
Columbia University Irving Medical Center.