

June 26, 2020

The Honorable Lamar Alexander
Committee on Health, Education, Labor, and Pensions
428 Dirksen Office Building
Washington, DC 20510

Re: Pandemic Preparedness White Paper

Dear Chairman Alexander:

In the Pandemic Preparedness White Paper that was issued on June 9, 2020, the Committee requested input on what the United States has learned from the past twenty years of public health preparedness and response and how it can better prepare for future pandemics. On behalf of the American Nurses Association (ANA), I have provided recommendations for the Committee to consider as its work on COVID-19 and preparedness continues over the next several months.

Stockpiles, Distribution, and Surges – Rebuild and Maintain State and Federal Stockpiles and Improve Medical Supply Surge Capacity and Distribution

How can the Strategic National Stockpile be better managed and how can Congress increase oversight and accountability?

Congress should receive an annual report on the state of the Strategic National Stockpile (SNS) with respect to personal protective equipment (PPE), vaccines, medicines, and other supplies. The report must include when items are expiring and what items need to be replaced. When items are approaching expiration, they should be donated to underserved medical facilities such as federally qualified health centers, rural hospitals, and clinics based on need.

Health care facilities should be required to report monthly on their levels of these items so the agency in charge has up to date information on where shortages may be most acute in the early stages of an emergency. A formulary should be developed by National Academy of Sciences, Engineering, and Medicine on what levels of PPE, vaccines, and other supplies health care facilities should have in their own stockpiles. Manufacturers of these items should also be reporting on production and capabilities.

In addition, the federal government needs to do more to incentivize and prioritize the manufacturing of PPE, medications, and other supplies in the United States, even if that means carrying out production itself. We cannot allow our citizens to be put at a health risk because businesses view manufacturing elsewhere better for their bottom line. More production in the United States will also help the U.S. economic recovery.

How can states and hospitals improve their ability to maintain a reserve of supplies in the future to ensure the Strategic National Stockpile is the backup and not the first source of supplies during emergencies?

They should be required to follow and report on the above-referenced formulary of how much of each item they must always have on hand. Without an incentive or penalty – financial or otherwise – there is little incentive to maintain larger reserves.

What steps should be taken to ensure that health care providers and first responders have the supplies they need, such as personal protective equipment?

By following the recommendations above regarding better managing the SNS and improving how states and hospitals improve their ability to maintain reserves.

As states and hospitals establish or build their own stockpiles, how will they know what supplies to stockpile? What guidance should the federal government provide on what medical supplies are appropriate?

There should be a formulary developed by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Academies of Sciences, Engineering, and Medicine, and other appropriate government agencies, departments, and other stakeholders, to determine what items are needed for their own stockpiles and what are appropriate levels of stock for each item.

Could states and hospital systems establish their own vendor managed inventory programs with manufacturers and distributors? Should the federal government or states contribute to such hospital stockpiles?

In theory they could, but quality conditions and maintenance will result in drastically varying consistency. Furthermore, neglect could occur in some areas due to budget cuts.

Public Health Capabilities – Improve State and Local Capacity to Respond

What specific changes to our public health infrastructure (hospitals, health departments, laboratories, etc.) are needed at the federal, state, and local levels?

A robust public health infrastructure better equips the nation with preparedness and response measures during times of crisis. This pandemic is the latest in a long string of emergencies that put a spotlight on what damage underinvesting in public health can do to a society. Federal reinvestment in public health infrastructure back to at least 2008 levels will be important as the nation moves forward.

Additionally, expansion of the public health workforce is a key element of this needed investment. Our public health workforce, of which public health nurses are the largest segment, touch every aspect of health care and community wellbeing. They play an integral role in narrowing disparities, improving health outcomes, and reducing disproportionately high morbidity and mortality rates due to preventable illness.

How can the federal government ensure all states are adequately prepared without infringing on states' rights and recognizing states have primary responsibility for response?

It is important for the federal government to take appropriate steps to plan coordination efforts. Many states will not have the resources or expertise to carryout preparations or coordination without federal assistance. Hospitals and facilities with more capital will most likely benefit while rural and underserved areas will suffer. We have seen instances of states competing with each other to procure PPE and essential supplies, and federal government coordination efforts, where appropriate, wouldn't seem to infringe on state responsibility. The federal government needs to help states prepare by taking steps to ensure they aren't pitted against each other when it comes to resources.

How should the federal government ensure agencies like CDC maintain an appropriate mission focus on infectious diseases in the periods between emergencies to strengthen readiness to respond when a new threat arises?

Congressional oversight as well as adequate funding are vital to ensure that the CDC and other relevant agencies stay focused and dedicate resources to improved readiness for future pandemics and public health emergencies.

ANA is the premier organization representing the interests of the nation's 4.1 million RNs, through its state and constituent member associations, organizational affiliates, and individual members. ANA members also include the four advanced practice registered nurse roles (APRNs); Nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs). ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

Thank you for giving nurses this opportunity to provide the federal government with input on pandemic preparedness and public health. If you have questions, please contact Ingrida Lasis, Vice President of Policy and Government Affairs, at (301) 628-5081 or Ingrid.Lasis@ana.org.

Sincerely,



Debbie Hatmaker, PhD, RN, FAAN
Acting Chief Executive Officer

cc: Ernest Grant, PhD, RN, FAAN, ANA President