American Society of Anesthesiologists®

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March 13, 2023

The Honorable Richard Hudson
United States House of Representatives
2112 Rayburn House Office Building
Washington, DC 20515

The Honorable Anna G. Eshoo
United States House of Representatives
272 Cannon House Office Building
Washington, DC 20515

Dear Representatives Hudson and Eshoo:

On behalf of the more than 56,000 members of the American Society of Anesthesiologists (ASA), I appreciate the opportunity to provide our recommendations on Congress' upcoming reauthorization of the *Pandemic and All Hazards Preparedness Act* (PAHPA). The emergence of the COVID-19 pandemic in 2020 underscored the importance of having a comprehensive national strategy and emergency response infrastructure in place for pandemics and other public hazards. In the future, it will be crucial for lawmakers and government agencies to work closely with medical specialty societies to ensure safe and accessible patient care when it is needed most. While our national response to these future challenges may draw from the lessons learned during the COVID-19 pandemic, we need a dynamic and nimble public health infrastructure to address a variety of threats.

ASA is the nation's largest organization of anesthesiologists, representing physicians with medical expertise in anesthesia care, critical care (known as physician "intensivists"), and pain medicine. Many anesthesiologists also hold leadership roles within hospitals and health systems, and serve on multidisciplinary committees focused on patient safety and emergency preparedness. Our members have been on the front lines of every significant public health emergency or hazard, from treating HIV and AIDS patients in the 1980s to delivering care to those suffering from Ebola, Zika, and COVID-19 in recent years.

ASA and our members welcome the opportunity to serve as a resource for Congress and federal agencies related to emergency preparedness, health care worker safety, and patient access to care. ASA encourages the House Energy and Commerce Committee, and other Congresspersons, to consider our recommendations aimed at enhancing PAHPA and making our health care system more resilient when facing future public health emergencies.

***Recommendation #1:* Assess the Strategic National Stockpile (SNS) annually with feedback from medical stakeholders. Ensure smart and efficient deployment of resources during public health emergencies.**

The SNS is an invaluable asset in allocating lifesaving supplies, medicine, and devices to health care facilities and communities. **The process of assessing SNS's supply should be updated at least annually to meet changing public health needs and priorities.** These assessments should be based upon a public comment period that allows medical professionals, and other stakeholders, to share their on-the-ground experiences. For instance, while respirators and N95 masks were critical to ensuring

health care worker and patient safety during the early weeks of COVID-19, those masks would not have been useful in the treatment of Ebola patients. New equipment and technology should also be considered each year for the SNS. Smart threat assessments, combined with front-line health care worker feedback, are essential for maintaining a functional and useful SNS.

PAHPA should specifically include best practices and systemic solutions for the proper storage, maintenance, and testing of medical equipment. During the COVID-19 pandemic, there was a significant need for ventilators at health care facilities. Although there was technically an adequate supply of those devices, many of those devices were not functional because of storage mishandling. To prevent these problems in the future, we ask that procedures and policies be established to ensure proper upkeep. In addition to addressing medical equipment, the SNS annual assessment should include drugs required to ensure access to surgical procedures during a public health emergency. Such drugs and other supplies should include tracking to avoid supplies expiring and becoming unusable for patient treatments. PAHPA should encourage the appropriate positioning of SNS medical devices to ensure safe and efficient delivery within a region, recognizing there should be accessible storage for various parts of the country and plans to facilitate delivery to regions where access may be challenging.

ASA is concerned about supply chain issues that continue to affect access to care and treatments. PAHPA reauthorization should include processes to alleviate current supply chain issues, including shortages in raw materials used in the development and manufacturing of medical products. **Congress should encourage increased domestic production and supply of drugs, raw materials for medical products, and finished medical devices.** To foster greater real-time information sharing around drug and equipment shortages, we recommend Congress allow the Food and Drug Administration (FDA) greater coordination responsibilities for developing a system to communicate with manufacturers and health care providers on these shortages. We support increased regulatory vigilance, including a process for manufacturers and suppliers to meaningfully report potential disruptions to the supply chain or their products.

***Recommendation #2:* Reauthorize priorities on regional cooperation and surge capacity.**

One of PAHPA's greatest benefits is codifying a strategy for a comprehensive, cross-government response to public health hazards and emergencies. To enable the efficient allocation of resources and personnel, Congress should ensure federal, state, and local authorities are equipped with the information and communications channels needed to understand workforce capabilities and shortages within a region. Further, these government bodies should be able to plan for the effective use of regional medical centers, hospitals, and other facilities to ensure necessary patient surgical and procedural needs are not significantly affected by a response to the public health emergency. In particular, ASA supports further financial and logistical support for the maintenance of the national blood supply, including whole blood and blood products.

ASA supports PAHPA features encouraging surge capacity planning and the strategic deployment of personnel and necessary equipment. Complementary to our discussion on the SNS, surge capacity can only be effective if medical equipment and drugs are available to facilities and health care professionals when needed. Hospitals and other facilities do not have the capacity to purchase or store equipment for later deployment. During the COVID-19 pandemic, hospitals and facilities were able to convert wings and other sections of their facilities to care for patients only to realize they lacked the equipment to care for those patients. Concurrently, PAHPA should assess the health care workforce's nimbleness and resilience within a region. Since there was not a shortage of anesthesiologists during

COVID-19, anesthesiologists, because of their unique skills and education, were redeployed by hospitals and health systems to cover COVID-19 response operations, including in critical care units.

***Recommendation #3:* Facilitate information sharing among medical personnel, researchers, government agencies, patients, and other stakeholders.**

In early 2020, anesthesiologists received information on protecting themselves from COVID-19 infection and in treating patients from medical journals and specialty organizations, from colleagues around the world, and from social media. During public health emergencies, widely available exchanges of data, best practices, and evidence-based recommendations are essential to health care professionals. However, our members also encountered information that was inaccurate, incorrect, or harmful to patients and themselves. To that end, **PAHPA should authorize and fund the development of technical expert panels that can effectively review literature and third-party recommendations to assess the validity and methodology of published best practices and/or guidelines during a fast-changing public health emergency.**

Medical societies, including ASA, do not have the resources or staff expertise to appropriately vet rapidly changing information or quickly developed products or services. Our members, and our society, rely on the FDA and other agencies to scrutinize novel products and make effective decisions on emergency use authorizations. However, within a larger consulting body, our members can contribute to technical expert panels in assessing and making recommendations on newly designed equipment and even how equipment is being used at local facilities. During the COVID-19 pandemic, we were grateful to work with the FDA and other agencies on reviewing novel medical equipment and evidence-based guidance documents.

Congress should also ensure information-sharing related to health care worker and patient safety is encouraged among federal agencies, health care professionals, hospitals, and researchers. Part of the solution is shared by medical specialty societies that balanced available evidence with health care worker needs. For example, the ASA published evidence-based statements supporting the use of personal protective equipment on our website and pushed information to our members via e-mail blasts, webinars, and educational materials. Once our guidance was published, hospitals and other facilities used these guidelines as a basis to purchase PPE. Other ASA statements were used by facilities to establish protocols for elective surgery and to conduct patient testing. **Congress should encourage information sharing among public health stakeholders by extending existing grants to medical associations and other organizations focused on the dissemination of public health information.**

PAHPA reauthorization should support funding of clinical data registries and product surveillance registries. In the past decade, specialty society registries have matured significantly and can be focused on gathering information on diseases and effective clinical care processes. Clinical data registries and data gathering were encouraged by the U.S. Department of Health and Human Services (HHS) throughout the COVID-19 pandemic, and many continue to operate today, including those devoted to patients suffering from Long COVID. Registries should have access to federal funds and grants to support our public health infrastructure.

***Recommendation #4:* Continue investments in technology and advanced research.**

Congress can give our health care professionals and other public health stakeholders a key advantage in future public health hazards and emergencies by investing in the research and development of new

medical technology. Congress should encourage research into novel diseases and the equipment necessary to protect front-line workers from infection. We also emphasize the benefits of reusable medical equipment and other technologies that could mitigate against shortages and waste. At a minimum, Congress should maintain existing funding for advanced research and development.

***Recommendation #5:* Create advisory committees devoted to supporting rural populations and populations with high rates of co-morbidities.**

ASA supports efforts of HHS and the Administration for Strategic Preparedness and Response (ASPR) to address challenges and risks for vulnerable populations during public health emergencies. Support for health equity, and careful consideration of social determinants of health, must be a priority in national and local emergency response, especially as vulnerable populations face life-threatening risks in these situations. Specifically, we commend these agencies on convening advisory committees that individually consider the needs of children, seniors, and individuals with disabilities during disasters.

We believe PAHPA should similarly prescribe the creation of advisory committees that address other communities with distinct challenges for public health hazards and emergencies. Rural and other remote populations should be addressed with their own advisory committee of experts on how best to manage public health emergencies in rural settings. Many of these communities have limited access to health care services, and this challenge is exacerbated by a growing number of rural hospital closures. An advisory committee could help develop plans and contingencies for rural access to care to be implemented at the state and local level.

Additionally, Congress should consider authorizing an advisory committee focused on populations with significant co-morbidities in public health emergencies. When COVID-19 presented added risks and challenges for individuals with existing respiratory conditions and those with auto-immune disorders, public health guidelines and best practices required special considerations for preventing and treating COVID among those individuals. Development of similar considerations and best practices could be expedited during future public health hazards with a committee devoted to addressing co-morbidities in these situations.

ASA and our members welcome the opportunity to serve as resources for Congress and those federal agencies responsible for carrying out PAHPA. Thank you for your consideration of our comments. We welcome the opportunity to speak with you further about our feedback. Please contact Manuel Bonilla, ASA Chief Advocacy Officer (m.bonilla@asahq.org), or Nora Matus, Director of Congressional and Political Affairs (n.matus@asahq.org), for questions or further information.

Sincerely,

Michael W. Champeau, MD, FAAP, FASA
President
American Society of Anesthesiologists