

# Pandemic and All-Hazards Preparedness Act (PAHPA)

## About the Milken Institute

The Center for Public Health and FasterCures are centers of the Milken Institute, a nonprofit, nonpartisan think tank focused on accelerating measurable progress on the path to a meaningful life. With a focus on financial, physical, mental, and environmental health, we bring together the best ideas and innovative resourcing to develop blueprints for tackling some of our most critical global issues through the lens of what's pressing now and what's coming next. As part of the Milken Institute, the Center for Public Health and FasterCures work to catalyze practical, scalable solutions to address the challenges of our public health and biomedical innovation systems, respectively.

The [Center for Public Health](#) develops research, programs, and initiatives designed to envision and activate sustainable solutions leading to better health for individuals and communities worldwide. To catalyze policy, system, and environmental change in public health and sustain impact, we approach our work in three interconnected focus areas: Prevention and Chronic Disease, Mental Health, and Health Equity. [FasterCures](#) works to build a biomedical innovation ecosystem that is effective, efficient, and driven by a clear vision: patient needs above all else. We believe that transformative and life-saving science should be fully realized and deliver better treatments to the people who need them.

## Key PAHPA Policy Priorities

The Milken Institute Center for Public Health and FasterCures have identified three *PAHPA* 2023 policy priorities that are core to improving and strengthening the nation's biosecurity and preparedness infrastructure. These priorities are included in our [comment letter](#) on the recently released PAPH A discussion draft along with comment letters submitted to the [US Senate HELP Committee](#) and [US House Energy and Commerce Committee](#) earlier this year:

- 1. Bolster the Public Health Infrastructure to Optimize US Preparedness and Emergency Response Capabilities**
- 2. Strengthen the Development and Deployment of Medical Countermeasures**
- 3. Support Jurisdictional Preparedness and Response Capacity through the Multiple Levels of Government across the United States**

## Recommendations

- 1. Bolster the Public Health Infrastructure to Optimize US Preparedness and Emergency Response Capabilities**
  - a. Revisit the patchwork of data-sharing agreements and invest in the system upgrades necessary for accurate and equitable public health surveillance.

- b. Provide the Centers for Disease Control and Prevention with the authority to set public health data standards and require reporting of more complete public health data (S.3913, *Improving DATA in Public Health Act*).
  - i. Granting such authority would help address how our current data-sharing system leads to slow outbreak detection and response.
- c. Fund Department of Health and Human Services (HHS)-piloted studies to better understand real-world needs and potential uses in different communities.
  - i. These pilots should include efforts to improve the completeness of demographic and other health-equity data.
- d. Establish robust early warning capabilities as a core component of bio-surveillance efforts under the National Health Security Strategy (NHSS).
- e. Ensure the NHSS articulates a framework for private-sector engagement in preparing for and responding to emergencies.
  - i. Where feasible, co-construct preparedness and response strategies alongside stakeholders to ensure that the widest array of appropriate capabilities and resources are included in scenario planning and tabletop exercises.
- f. Permanently expand Medicare coverage to include specific services provided by a pharmacist, including testing, drug regimens, and vaccines for certain illnesses in times of emergency and during ongoing public health responses.
  - i. (H.R. 7213, the *Equitable Community Access to Pharmacist Services Act*, effectively does this.)

## 2. Strengthen the Development and Deployment of Medical Countermeasures

- a. Sustain long-term opportunities and commitments for public-private partnerships specific to the Strategic National Stockpile (SNS) to enhance coordination of the production, distribution, and delivery of critical medicine and supplies.
  - i. Leverage crucial expertise and resources of biomedical manufacturers and health supply-chain distributors during emergencies.
  - ii. Regard supply-chain stakeholders as essential partners that are included in planning considerations for appropriate distribution capabilities, capacity, and utilization for the SNS to understand what is readily available in the market.
- b. Require HHS to establish a list of generic drugs that are essential to a public health emergency and subsequent response.
  - i. (H.R. 405, the *Essential Medicines Strategic Stockpile Act of 2023*, effectively does this.)
  - ii. Additionally, consider creating a mechanism that enables enhanced visibility and early notification of potential drug shortages in certain essential medicines.
- c. Include the *Pioneering Antimicrobial Subscriptions to End Upsurging Resistance (PASTEUR) Act* in the reauthorization of PAHPA.
  - i. The *PASTEUR Act* would create a new financial mechanism to pay for antibiotics to help revitalize the development pipeline and bolster our nation's ability to prepare for and respond to antimicrobial threats.

### 3. Support Jurisdictional Preparedness and Response Capacity through the Multiple Levels of Government across the United States

- a. Bolster health supply-chain resilience by calling for a structured and comprehensive long-term plan for data collection and sharing in a meaningful timeframe between public- and private-sector stakeholders.
  - i. Leverage lessons learned from the Supply Chain Control Tower (SCCT), a decision-making tool that used data from manufacturers and distributors throughout the COVID-19 response to create supply-chain visibility, provide insights for demand forecasting, and inform responses to product shortages.
  - ii. Incentivize multisector collaboration to develop data analytic parameters to record and report information using consistent standards that flows bidirectionally across the supply chain.
  - iii. Examine and prioritize applied extensions of the SCCT model that leverage existing data platforms to drive decision-making in response to public health crises other than COVID-19.
- b. In the reauthorization of Title III of *PAHPA*, call for a Government Accountability Office study that examines data- and information-sharing capabilities of health providers (e.g., pharmacies, Federally Qualified Health Centers, clinics) with the public sector during the COVID-19 pandemic.
  - i. This study should recommend appropriate measures for sharing data and information for future medical surge situations.

### Milken Institute Resources

- [What Can Global North Learn from Global South: Lessons from Past Pandemics and Epidemics](#)
- [A Global Early Warning System for Pandemics: Perspectives from the Front Lines](#)
- [A Global Early Warning System for Pandemics: A Blueprint for Coordination](#)
- [A Global Early Warning System for Pandemics: Mobilizing Surveillance for Emerging Pathogens](#)
- [Models for Financing Antibiotic Development to Address Antimicrobial Resistance](#)
- [Learning from COVID-19: Reimagining Public-Private Partnerships in Public Health](#)
- [Envisioning the Future of the Pharmaceutical Supply Chain to Advance Public Health in the United States](#)