Dear Chair Murray and Ranking Member Burr:

On behalf of over 137 schools and programs of public health, I am pleased to provide comments on the discussion draft bill entitled “PREVENT Pandemics Act” which was released on January 25, 2022. The Association of Schools and Programs of Public Health (ASPPH) applauds your leadership to address critical issues of public health workforce education, training, and research to strengthen the nation’s public health and medical preparedness and response systems in the wake of the COVID-19 pandemic.

We strongly support section 231 which reauthorizes the CDC Centers for Public Health Preparedness and Response. When these centers were first authorized in the Pandemic and All Hazards Preparedness Act (PAPHA) in 2006, this program supported a network of 23 competitively awarded centers at schools of public health, and the annual appropriation was $30.7 million. Along with other reductions to CDC public health preparedness programs that occurred since that time, the appropriations for the academic preparedness centers have been reduced by 75 percent, to the current appropriation level of $8 million. We agree with the fresh approach to replace the original authorization with section 231, particularly at a time when advancing the nation’s preparedness and response efforts for public health emergencies is critical.

The new section 231 provisions would establish not fewer than 10 centers at institutions of higher education, including schools of public health, and other nonprofit private entities, to establish a network of preparedness centers. The centers will coordinate preparedness and response activities with governmental health departments, healthcare providers and coalitions, to translate research findings into evidence-informed and evidence-based practices, support training needs, and provide technical assistance and expertise. We believe this framework of a national network of centers will strengthen the connection between academic public health and public health departments and health care systems to proactively address future public health threats. We support the “such sums as may be necessary” authorization of appropriations, and urge Congress to appropriate an adequate level of funding for the centers and related CDC program operations to be impactful.

A core mission of schools and programs of public health is to conduct research and develop the science of predicting, forecasting, and modeling infectious disease outbreaks. We endorse the provisions of section 214 to enhance CDC’s forecasting and analytical capabilities through partnerships with academic institutions and other entities. Many of our member institutions have been instrumental in assisting federal, state, local, and international public health authorities during COVID-19. Forecasting and outbreak analysis are essential tools in identifying appropriate and effective public health interventions that are the basis for outbreak prevention and control strategies.

With regard to the section 102 requirement that the CDC director be confirmed by the Senate, we respectfully raise concerns that are made all the more relevant by the current COVID-19 pandemic that spanned two Administrations. CDC is the front-line federal public health emergency response agency that provides critical leadership for state, local, tribal and territorial health departments
during public health emergencies. Composed of over 12,000 highly trained public health professionals, it is essential that CDC leadership be in place in a timely manner to maintain the agency’s effectiveness to protect the nation. A protracted, political vetting process often can deter the best candidates from entering public service. The confirmation process also can result in an extended leadership vacancy in a critical organization that must maintain its ability to respond to emergencies. While we understand the intent of the provision to elevate the stature of CDC, we believe that the current active oversight by the authorizing and appropriations committees provides sufficient accountability.

We support the establishment of the National Task Force on the Response of the United States to the COVID-19 Pandemic under section 101, as well as the Public Health Information and Communications Advisory Committee under section 104. Leadership and faculty of our member schools and programs of public health have world-renown expertise in public health, global health, and public health communications, and are eager to contribute as participants on these important entities. Our leaders serve as advisors to governors, state legislatures, health departments, international organizations, and ministries of health around the world. They are a valuable pool of potential task force and committee members to bring unique perspectives and capabilities to ensure the success of these efforts.

ASPPH also strongly supports the section 221 reauthorization changes to the Public Health Workforce Loan Repayment Program for individuals who work in state, local, tribal and territorial health departments. Student loan debt is a barrier for many of our graduates who might choose to work in governmental public health agencies. Given our national priority to strengthen the public health workforce, we believe the loan repayment program will be a great catalyst for recruitment and hiring. Specifically, we support raising the annual amount of repayment from $35,000 to $50,000, with a three-year cap of $150,000. It is critical that eligibility requirements for these funds are not overly restrictive in order that students will be able to obtain their repayments in a timely fashion. We also recommend that loan repayments under this authority and the loan repayment authority used by CDC (42 U.S.C §247b-7) be excluded from taxable income in order to maximize the value and effect of this program. In addition, we support a GAO study on the public health workforce gaps and recruitment challenges included in this section of the bill, and recommend that GAO identify aspects of educational background, skills and training that may be used to inform curriculum at schools and programs of public health, and other higher education institutions.

ASPPH is grateful for the opportunity to work with your committee on this critical public health legislation. We hope to have the opportunity to provide technical bill language changes and discuss these provisions with your staff as you revise this draft legislation. We want to work with you to support the passage of this important legislation. Please contact me if we can provide additional information.

Sincerely,

Tim Leshan

Timothy E. Leshan
Chief External Relations & Advocacy Officer