American Lung Association.

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor and Pensions
U.S. Senate
Washington, DC 20510

Dear Chairman Alexander:

Thank you for the opportunity to provide feedback on your white paper titled, "Preparing for the Next Pandemic." The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. Our organization was founded in 1904 to fight tuberculosis, and our dedication to combatting pandemics and improving the public health has only deepened since that time.

The COVID-19 pandemic has underscored what the American Lung Association has been urging for more than a decade: significantly more robust and sustained investments in our nation's public health infrastructure, especially at the Centers for Disease Control and Prevention (CDC) and programs that respond to public health emergencies. The COVID-19 pandemic has also highlighted the importance of preventing and managing chronic lung conditions. Individuals living with lung disease and those who face long-term exposure to dangerous air pollution are among the most at risk of serious health complications as a result of COVID-19.

While there is still much to be done to address the existing pandemic, we appreciate your commitment to reviewing and enacting policies to better enable our nation to take on both the current crisis as well as future public health emergencies. We offer the following comments on the white paper and look forward to working with you as you continue to address these issues.

Recommendation 1: Tests, Treatments and Vaccines – Accelerate Research and Development
It is crucial to bolster our nation's research and development capabilities. Robust, predictable and consistent funding for the National Institutes of Health (NIH) is essential to prevent and treat infectious diseases like COVID-19, as well as to make progress in reducing the burden of other lung diseases. Without a regular and consistent source of affordable, comprehensive healthcare coverage, however, people will be unable to access newly developed tests, treatments and vaccines that might emerge from this research and that are needed to control the COVID-19 pandemic as well as contain future disease outbreaks. Lack of access to healthcare has also contributed to the disproportionate impact of the COVID-19 pandemic on minority communities. For example, about half of the 30 million Americans without insurance are people of color.[i] There are a number of steps that Congress could take now to help more people enroll in affordable, comprehensive coverage that would help them to access care in future pandemics. These include incentivizing states that have not already expanded their Medicaid programs to do so by offering an initial higher Federal Medical Assistance Percentage (FMAP) for coverage of the expansion population, similar to what the early adopter states received; restricting the availability of non-ACA-compliant plans – like short-term plans and association health plans – that do not provide comprehensive coverage and put enrollees at substantial financial and physical risk, especially in emergency situations; and improving the affordability of coverage for those with moderate incomes by expanding eligibility for advanced premium tax credits.

Congress should also consider policies that would automatically expand access to coverage when a public health emergency is declared. In response to the COVID-19 pandemic, eleven states and the District of Columbia re-opened their health insurance marketplaces. More than 300,000 individuals have enrolled in coverage through these special enrollment periods as of mid-June.[ii] The federal government, which oversees the individual exchange for 38 other states, has not opened an enrollment period. The Kaiser Family Foundation has projected that, as of early May 2020, nearly 27 million Americans could lose their access to employer-sponsored coverage.[iii] While those who have lost coverage due to a qualifying life event like loss of employer sponsored coverage may enroll via an existing special enrollment pathway, they are required to prove loss of coverage. These administrative requirements can be burdensome, especially during a pandemic that has caused significant disruptions to the normal operations of businesses nationwide. A new open enrollment period would reduce paperwork burden and allow the uninsured and underinsured to seek the coverage they need during this time. Congress should strongly encourage HHS to use its existing authority to open a special enrollment period related to the COVID-19 pandemic as soon as possible, as well as make the opening of a special enrollment period an automatic flexibility triggered by a public health emergency moving forward.

State Medicaid programs are providing a vital safety net during the current crisis, covering traditionally underserved populations and helping to treat those infected with the virus. Estimates suggest that nearly 13 million individuals who have lost employer sponsored coverage are eligible for Medicaid, and that number will rise to 17 million by January 2021.[3] Recognizing the significant impact this increase will have on state budgets, it is critical that increased federal support be made available. Last month, the Lung Association and 30 other patient organizations urged Congress to raise the FMAP increase from 6.2 to at least 14 percent, extend the time period during which it applies and preserve the maintenance of effort requirements to ensure patients' access to care during the current pandemic.[iv] In order for states to receive support without delay in future public health emergencies, the Lung Association supports the establishment of an automatic FMAP increase tied to the unemployment rate.

Finally, the COVID-19 pandemic has added a new urgency to the need for comprehensive legislation addressing surprise medical bills. Recent media reports indicate that consumers diagnosed with COVID-19 may face extreme costs because of the nature of their treatment and quarantine. Fear of cost and potential surprise medical bills should not keep patients away from seeking treatment for COVID-19 or a future infectious disease. Not only will discouraging people from seeking appropriate care lead to worsening health, it will also perpetuate the spread of the virus and prolong its health and economic impacts. The Lung Association urges Congress to enact legislation to permanently end all surprise medical billing and to protect patients from financial harm.

Recommendation 2: Disease Surveillance – Expand Ability to Detect, Identify, Model and Track Emerging Infectious Diseases

The Lung Association strongly agrees that our nation's public health data systems must be updated and improved. As we stated in our comments on the Lower Health Care Costs Act, "[c]ollecting consistent and comprehensive data across states is critical for efforts to address infectious diseases like influenza as well as chronic diseases like asthma and COPD." The Lung Association also strongly agrees with the recommendations included in the white paper regarding increased and improved surveillance and communication. Implementation of these recommendations, however, requires sufficient investment in the nation's public health system, especially in CDC. CDC cannot ensure that our nation is prepared to withstand another pandemic without increased funding. As stated in this white paper, "[e]ven with an

event as significant as COVID-19, memories fade and attention moves quickly to the next crisis." Public health funding is frequently neglected until it is too late, and the nation is bearing the cost of that neglect now. To avoid falling into a similar trap, Congress should explore ways of securing sustained investment in public health.

This concept was reiterated frequently at the Health, Education, Labor and Pensions (HELP) Committee hearing on Tuesday, June 23, titled "COVID-19: Lessons Learned to Prepare for the Next Pandemic." In particular, witness former CDC director Dr. Julie Gerberding stated that Congress ought to "[c]reate a new non-discretionary budget authority that assures sustainable investments independent of budget caps or the necessity of annual budget trade-offs."[v] This point echoed similar suggestions made by several others, including fellow witness, former Senate Majority Leader, Dr. Bill Frist. Further, on the same day, this call for robust and sustained funding was also made by current CDC Director, Dr. Robert Redfield, and Director of the National Institute for Allergy and Infectious Disease, Dr. Anthony Fauci, at a hearing in the House Committee on Energy and Commerce.[vi,vii]

These comments have not been limited to the current pandemic either. Several members of Congress and public health experts have highlighted the need for increased funding over the years. In 2017, Representative Tom Cole highlighted the importance of public health funding in an interview, remarking that "[b]iomedical research is like the military: You can't create it overnight. You have to make sustained investments." He also had the foresight at the time to predict that "the President is much more likely in his term to have a deal with a pandemic than an act of terrorism."[viii]

The consensus in clear. To keep Americans safe from public health crises, including the one we are currently facing, we must create a sustained pattern of investment in our public health infrastructure, especially at CDC.

Finally, it is vital to note that adequate surveillance is impossible without acknowledgement of the health impacts of climate change. The past five years have been the warmest years on record. As temperatures rise, so does the threat of vector-borne diseases. Mechanisms to track and respond to the threat of climate change are necessary to prevent the rise and intensity of certain dangerous infections.

Recommendation 3: Stockpiles, Distribution and Surges – Rebuild and Maintain Federal and State Stockpiles and Improve Medical Supply Surge Capacity and Distribution

The federal government must ensure that depleted stockpiles are restored and that plans are made to prevent exhaustion of resources, not just for future pandemics but for the pandemic we still find ourselves in as well. Ensuring sufficient resources, however, again returns to the issue of funding. The Strategic National Stockpile (SNS) has not seen the level of funding over the past decade necessary to secure the level of supplies needed to appropriately face a pandemic.[ix] Moving forward, there must be additional funding for the SNS. Further, the SNS should include everything necessary to mitigate and contain a pandemic, including personal protective equipment (PPE), ventilators and treatments.

As for distribution, the events of the past several months have demonstrated that the federal government must do significantly more to facilitate the timely manufacturing and distribution of needed supplies through a process that is transparent, equitable, based on need and is non-competitive. Only the federal government is capable of providing the kind of leadership, coordination and management that is required for efficient procurement and distribution of supplies during a pandemic. By declining to

play this role at the start of the COVID-19 pandemic, the federal government opened the door to inefficiencies, delays, confusion and more.

Finally, in addition to looking at ways to improve the surge capacities of governments, Congress should also explore avenues to ensure that our nation's health system as a whole is capable of withstanding surges. Recent analysis shows that the United States has fewer physicians and hospital beds per capita than many of its neighbors.[x] Ensuring adequate supplies will only go so far if we are lacking in the required workforce and infrastructure.

Recommendation 4: Public Health Capabilities – Improve State and Local Capacity to Respond
Local, state and federal governments must all improve capacity to respond. As stated previously, however, the realization of these policies requires sustained investment in our public health infrastructure. CDC needs additional funding, as do state, local, territorial and tribal health departments. Beyond funding, there are several other policies to enhance public health that Congress ought to consider.

Congress should create and robustly fund a Core Public Health Infrastructure Program at CDC that can help state, local, tribal and territorial health departments build their public health infrastructure through the awarding of grants. Congress should also move to codify the existence of the US Pandemic Response Team.

Further, the federal government must invest in global health, including the World Health Organization, in order to ensure global preparedness. This was another policy that was repeatedly endorsed at the HELP hearing on pandemic preparedness. Dr. Frist stated in his testimony that, "a huge part of effective infectious disease surveillance is maintaining federal support of global health."[xi] Pathogens do not respect borders. Ensuring the safety of one country requires ensuring the safety of others.

Additionally, as recommended in this white paper, Congress should take action to prevent any loss of ground with regard to telehealth policies. Specifically, the Lung Association believes that Congress should move to permanently remove the Medicare originating site restriction to enable patients to receive telehealth in their homes, and permanently eliminate the geographic and Health Provider Shortage area Medicare restrictions, so all Medicare patients can continue to access care via telehealth. Congress should also enact legislation to make certain waiver authorities around telehealth granted to the Department of Health and Human Services (HHS) applicable for any public health emergency as well as generally preserve and increase HHS' ability to determine the procedures and types of providers that should be eligible for telehealth.

Finally, our nation's public health infrastructure cannot operate at full steam if state and local health departments are not equipped with the training and resources to respond to the health impacts of climate change. The CDC's Climate and Health Program provides states the ability to prepare their public health workforce for the unique climate-related emergencies that they face. The Climate-Ready States and Cities Initiative provides funding for projects such as heat alerts to schools and health facilities in Arizona, training on climate change training curriculum for health workers in Maryland, a program to study the health effects of tropical storms in Florida, and more. Increasing investments towards this program with the ultimate goal of fully funding the program will better prepare the workforce to immediately respond when disaster strikes.

One of the failures of the COVID-19 response, as alluded to in this white paper, has been the lack of a cohesive response that was clearly communicated. Developing a national response to widespread public health threats is necessary to ensure effectiveness. Climate change is a widespread public health threat. While some communities face a higher burden and deserve additional care, everyone will feel the effects of climate change. Creating a National Strategic Action Plan to better understand the health impacts of climate change and to invest in preparedness is an action that Congress can take now by passing the Climate Change Health Protection & Promotion Act (S. 523/H.R. 1243).

Recommendation 5: Who Is on the Flagpole? – Improve Coordination of Federal Agencies During a Public Health Emergency

The Lung Association agrees that it is critical to improve communication and execute additional training, but these actions should take place under the existing system. The public health emergency chain of command that existed prior to the pandemic, largely led by HHS through several programs, should be supported, elevated and enhanced. The processes that were generated to address the COVID-19 pandemic should not be codified or replicated.

Thank you again for the opportunity to share our comments on the white paper. We look forward to working with you on these important issues for all those Americans whom we represent and would be happy to discuss our comments with you in greater detail.

Sincerely,

Harold P. Wimmer
National President and CEO

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[iii] Kaiser Family Foundation. Eligibility for ACA Health Coverage Following Job Loss. May 13, 2020. Retrieved from https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/

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[v] *COVID-19: Lessons Learned to Prepare for the Next Pandemic*, 116th Cong. Cong., 5 (2020) (testimony of Julie L. Gerberding, MD, MPH).

[vi] *Oversight of the Trump Administration's Response to the COVID-19 Pandemic*, 116th Cong. (2020) (testimony of Robert R. Redfield, M.D.).

[vii] *Oversight of the Trump Administration's Response to the COVID-19 Pandemic*, 116th Cong. (2020) (testimony of Anthony Fauci, M.D.).

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[xi] *COVID-19: Lessons Learned to Prepare for the Next Pandemic*, 116th Cong., 4 (2020) (testimony of William Frist, MD).