



American Public Health Association

Working for a Healthier World

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July 18, 2006

The Honorable Michael B. Enzi
Chairman
Senate Committee on Health, Education,
Labor and Pensions
835 Hart Senate Office Building
Washington, DC 20510

The Honorable Edward Kennedy
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
644 Dirksen Senate Office Building
Washington, DC 20510

Dear Senators:

On behalf of the American Public Health Association (APHA), the oldest, largest and most diverse organization of public health professionals in the world, dedicated to protecting all Americans and their communities from preventable, serious health threats and assuring community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States, I write to express our concerns regarding the draft of the Pandemic and All-Hazards Preparedness Act circulated July 17 as embargoed. Although well intentioned, this legislation does not effectively address three critical issues: 1) the crisis of the public health workforce shortage, 2) the need to be able to effectively track influenza countermeasures and 3) the importance of providing needed care to the uninsured and underinsured in the event of a flu pandemic. Unless corrective amendments are made to address these issues, we urge you to oppose the current draft of this bill during Committee consideration.

1) Public Health Workforce Shortage

Although APHA appreciates the efforts of the Subcommittee to insert language in Section 203 related to a loan repayment program for public health professionals, the current language is neither cost-effective nor sufficient to respond to the urgency of the public health workforce shortage. Studies have already shown time and time again state loan repayment and direct financial incentive programs have resulted in gains in the number of qualified public health practitioners and improving retention rates. Also, student loan repayment and scholarship programs have already been shown as being effective in distributing health professionals to underserved communities. Studies have also shown that unless there is a significant investment in the public health workforce, this nation will not be prepared for a flu pandemic, bioterrorist attack, or another natural or manmade disaster. Therefore, there is no need for a federal demonstration program, but rather a permanent, comprehensive, federally-funded loan repayment and scholarship program for public health students and professionals based on existing data of what works.

The cost-effectiveness of the proposed grant program to support state loan repayment programs is much lower than a federal program that directly provides loan repayment to public health professionals. The most noteworthy difference in terms of cost is that under the grant program, two levels of overhead costs (federal and state) would be maintained. The language in this section also

assumes that the level of education needed in the public health workforce is a master's degree in public health. However, that is not true, as some of the most critical shortages lie in professions such as epidemiology that in fact require a Ph.D.—therefore, this loan repayment program would not assist in ensuring a pipeline of individuals in all public health professions.

Therefore, APHA strongly stresses the need for an amendment that would model the loan repayment program language in S. 506, Public Health Preparedness Workforce Development Act of 2005, introduced by Senators Hagel and Durbin. This legislation would provide for the repayment of student loans for individuals who work in federal, state, local or tribal public health agencies for at least three years. To maximize the number of individuals in the public health workforce pipeline, the loan repayment program should be coupled with a scholarship program, as outlined in S. 506.

2) Influenza Countermeasures Tracking System

The change in language in Sec. 204 does not reflect the urgency of the problem and will not result in the strengthening of the vaccine tracking and distribution systems within the United States. In order to ensure that we are able to reach priority and high-risk populations in the event of a flu pandemic, there is a need for a tracking system that has already been tested. Having this system in place would ensure those most in need receive flu countermeasures, such as vaccines. It should also be dual-use in nature, used both for seasonal AND for pandemic flu, giving federal, state and local health officials the opportunity to perfect the distribution system during an annual flu season prior to a pandemic.

The last several years have clearly shown that we already have problems reaching priority populations and ensuring they get the seasonal flu shot in a timely manner. This tracking system would hopefully improve the rates of these populations getting vaccinated. If we can become successful in reaching these populations during annual flu seasons, then there is a higher probability for success for us being able to reach populations most at risk during a pandemic. Having a tracking system only for pandemic influenza vaccine with voluntary participation will ultimately lessen the effectiveness of such a system in the event of a flu pandemic, as it would not be tracking all of the vaccines purchased domestically. Also, there will be no opportunity to test and make needed changes to the system beforehand, which would be the case if it were to be used during the annual flu season as well. Countermeasure manufacturers, wholesalers and distributors should be required to work in collaboration with the Secretary of Health and Human Services to make this a reality.

3) Care for the Uninsured

APHA remains very concerned that the current draft of the Pandemic and All-Hazards Preparedness Act does not address how care will be provided during and after a public health emergency, especially to the uninsured. Uninsured individuals will need to have access to appropriate countermeasures including vaccines or treatment if they exhibit symptoms of flu. Without the creation of a standardized, emergency Medicaid designation before such an emergency occurs, these individuals will be less likely to receive care. If they do receive care, health providers, such as hospitals, will be increasingly financially strained due to uncompensated care.

Despite the utilization of Medicaid waivers following Hurricane Katrina, waivers are not suitable mechanisms to ensure access to care for some of our nation's most vulnerable in the event of a public health emergency. This is especially true in response to such public health emergencies as pandemic flu, where the situation can change in a matter of hours resulting from its quick spread from person to person. Therefore, before such an event occurs, an emergency Medicaid designation similar to what Senators Grassley and Baucus attempted following Hurricane Katrina with S. 1716, the Emergency Health Care Relief Act of 2005 should be created.

Thank you for your attention to this important public health issue. In this era of a looming flu pandemic, we should be taking meaningful steps forward to prepare communities across the nation and protect the public's health. Therefore, unless corrective amendments are made to address the aforementioned issues, we urge you to vote against passing the bill out of Committee tomorrow. If you have questions, or for additional information, please contact me or have your staff contact Courtney Perlino, at (202) 777-2436 or courtney.perlino@apha.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Georges C. Benjamin". The signature is fluid and cursive, with the first name "Georges" being the most prominent.

Georges C. Benjamin, MD, FACP
Executive Director

cc: Members of the Senate Committee on Health, Education, Labor and Pensions