

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

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American
Association of
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Congress of
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CONGRESS OF
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March 21, 2023

The Honorable Bernard Sanders, Chair
Committee on Health, Education, Labor, and
Pensions
U.S. Senate
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Bill Cassidy, MD, Ranking Member
Committee on Health, Education, Labor, and
Pensions
U.S. Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Robert P. Casey, Jr.
U.S. Senate
393 Russell Senate Office Building
Washington, DC 20510

The Honorable Mitt Romney
U.S. Senate
354 Russell Senate Office Building
Washington, DC 20510

Subject: Pandemic and All-Hazards Preparedness Act (PAHPA) Reauthorization

Dear Chairman Sanders, Ranking Member Cassidy and Sens. Casey and Romney:

On behalf of the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), we would like to thank you for the opportunity to provide comments and suggestions as you prepare to develop legislation to reauthorize the *Pandemic and All-Hazards Preparedness Act (PAHPA)*. This bipartisan legislation provides critical support for our nation's emergency preparedness and response capabilities. Reauthorizing PAHPA's essential health programs will continue to foster opportunities for these ongoing successful public-private collaborations. **The AANS and the CNS urge you to include the following programs in the PAHPA reauthorization legislation.**

Current PAHPA Programs (ASPR)

Hospital Preparedness Program

The Hospital Preparedness Program (HPP) provides funding through cooperative agreements and grants to states, territories and eligible municipalities to improve the capacity of the health care system to plan for and respond to medical surge events. HPP is intended to improve patient outcomes, minimize the need for supplemental emergency funding and enable rapid recovery. By reauthorizing HPP, Congress can continue improving the U.S. health care system's ability to save lives during emergencies and disasters.

Administration for Strategic Preparedness and Response

Formally known as the Assistant Secretary for Preparedness and Response (ASPR), in July 2022, the U.S. Department of Health and Human Services Secretary elevated the existing ASPR to an operating division. The agency is now called the Administration for Strategic Preparedness and Response. ASPR provides leadership for all medical and public health preparedness for, response to, and recovery from natural and manmade disasters and public health emergencies.

Military and Civilian Partnership for Trauma Readiness Grant Program

The Military and Civilian Partnership for Trauma readiness Grant Program, known as MISSION ZERO, authorizes ASPR to issue grants to enable military trauma care providers and trauma teams to provide trauma care and related acute care at civilian trauma centers. This training has the dual benefit of maintaining military surgical battle readiness while at the same time improving civilian access to trauma care. MISSION ZERO has been one of neurosurgery's top emergency and trauma legislative priorities since 2016, when the National Academies of Sciences, Engineering, and Medicine recommended the establishment of military-civilian trauma partnerships to help reduce the number of preventable traumatic deaths. This program should continue to be authorized at \$11.5 million. We also encourage the committee to request full funding from Senate appropriators.

Emergency System for Advance Registration of Volunteer Health Professionals

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) was created to support states and territories in establishing volunteer registration programs for disasters and public health/medical emergencies. When these disasters and emergencies inevitably occur, ESAR-VHP works to immediately provide access to health care professionals who have preregistered to offer their services. Working within this network of verified credentials and information, volunteers can serve at a moment's notice, both within their state and across state lines, to assist in an emergency.

National Medical Disaster System

The National Medical Disaster System provides personnel, supplies and equipment to states when any natural disaster, pandemic or other emergency takes place. ASPR organizes these teams of health care professionals to help communities with emergency medical staff, shelters and medical stations augment hospital staff and manage care logistics.

Additional Programs/Provisions

The AANS and the CNS respectfully request that you include the following new policies and programs in the PAHPA reauthorization legislation.

Good Samaritans Health Professional Act

Swift and timely medical response in a disaster can significantly decrease the loss of life and improve outcomes for patients who desperately need care. This language will remove these barriers and help ensure the availability of medical professionals to aid these patients. While neurosurgeons have a long history of stepping forward to assist disaster victims, medical volunteers are often turned away due to inconsistent Good Samaritan laws and confusion or uncertainty about applying these laws. Sadly, this lack of uniformity has hindered the ability of volunteer health professionals to provide care, and physicians often could not deliver these critical services — even if they wanted to — due to a lack of liability protections. This language will help ensure that neurosurgeons who volunteer in future disasters will not face similar uncertainties, allowing them to focus on providing aid to victims.

The AANS and the CNS appreciate that in 2019, the Pandemic and All-Hazards Preparedness and Advancing Innovation (PAHPAI) Act included language clarifying that a health professional who is a member of the Medical Reserve Corps or included in the ESAR-VHP has liability protections to treat patients across state lines in a disaster. Unfortunately, this language did not go far enough. The *Good Samaritan Health Professionals Act* ([S. 2941](#) in the 117th Congress) — designed to provide liability protections to all health professionals, including physicians, who volunteer to assist victims of federally

declared disasters — would make PAHPA even more effective. **Therefore, the AANS and the CNS urge the committee to include the *Good Samaritan Health Professionals Act* in the PAHPA reauthorization legislation.**

National TBI Registry

Traumatic brain injury (TBI) is a significant cause of death and disability in the U.S., contributing to more than 223,000 TBI-related hospitalizations in 2019, with 32% of these patients aged 75 years and older. Not only are patients impacted by these devastating injuries, but TBI also burdens families and caregivers tremendously.

Creating a national trauma registry is an important step in proving surveillance and prevention opportunities. Building upon existing state and other registries, a national trauma registry could incorporate this information into a central database to help improve care for individuals with TBIs. In addition, the registry could enhance our understanding of the economic impacts, track long-term effects, improve resource allocation, and ultimately help eliminate disparities in access to care and services.

The AANS and the CNS urge the committee to include language to create a National Traumatic Brain Injury Registry at the Centers for Disease Control and Prevention that will expand, enhance and increase data collection and analysis to determine the prevalence and incidence of concussion and TBI in the U.S.

Prevent BLEEDing Act

A bleeding injury can happen anywhere, and life-threatening bleeding can occur in people injured in serious accidents or disasters. Someone severely bleeding can bleed to death in as little as 5 minutes, so arming individuals with the skills to stop bleeding would save lives. The *Prevent Blood Loss with Emergency Equipment Devices (BLEEDing) Act* ([S. 4269](#) in the 117th Congress) would create a grant program within ASPR to provide anti-blood loss supplies (tourniquets, gauze, stop-the-bleed kits, etc.) for use in a medical emergency and implement training on bleeding control techniques.

The AANS and the CNS urge the committee to include the *Prevent BLEEDing Act* in the PAHPA reauthorization bill.

Trauma Systems

Trauma systems are organized across the country to manage acutely injured patients daily in an efficient, time-sensitive manner. A trauma system spans the continuum of care from the point of injury through rehabilitation. As a result, these systems are responsible for day-to-day emergency and trauma care and public health emergencies that cause regions to experience a surge in capacity. Unfortunately, there is broad variability in the quality, continuity and access to trauma care — which leaves many Americans at risk for injury, death and disability.

Congress should establish a National Trauma and Emergency Preparedness System to improve trauma care and preparedness. Such a system would build on the successes of state and regional trauma systems. It would also provide support for additional trauma system development, support the needs of rural communities for trauma care and provide the infrastructure for a coordinated network of Regional Medical Operations Centers, which can help daily patient movement as needed and scale up to coordinate the response of the health care systems to any major casualty event.

The AANS and the CNS encourage the committee to establish a National Trauma and Emergency Preparedness System in the PAHPA reauthorization legislation.

Concluding Thoughts

Thank you again for your leadership, advocacy and continued support of PAHPA. We look forward to working with you and your staff to update and pass this crucial legislation. In the meantime, do not hesitate to contact us if you have any questions or need additional information.

Sincerely,



Ann R. Stroink, MD, President
American Association of Neurological Surgeons



Elad I. Levy, MD, President
Congress of Neurological Surgeons

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