June 5, 2018

The Honorable Michael C. Burgess
Chairman
Subcommittee on Health
Committee on Energy and Commerce
2336 Rayburn House Office Building
Washington, DC 20515

The Honorable Gene Green
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
2470 Rayburn House Office Building
Washington, DC 20515

The Honorable Susan W. Brooks
1030 Longworth House Office Building
Washington, DC 20515

The Honorable Anna Eshoo
241 Cannon House Office Building
Washington, DC 20515

Dear Chairman Burgess, Ranking Member Green, and Representatives Brooks and Eshoo:

As organizations that care deeply about the health and well-being of children, we thank you for your bipartisan commitment to reauthorizing the Pandemic and All-Hazards Preparedness Act. As the Pandemic and All-Hazards Preparedness (PAHPA) Reauthorization Act of 2018 moves forward, we urge you to address the ongoing gaps in our nation’s preparedness and response for children by including two provisions supported by our organizations. Recent natural disasters such as Hurricanes Harvey, Irma, and Maria have demonstrated that our nation still is not fully prepared to respond to the medical and mental health needs of children.

First, while we appreciate that the discussion draft for the Pandemic and All-Hazards Preparedness (PAHPA) Reauthorization Act of 2018 extends the HHS National Advisory Committee on Children and Disasters (NACCD) for five years, we urge you to add additional expertise to the NACCD including non-federal experts in pediatric mental or behavioral health, pediatric infectious disease, children’s hospitals, children and youth with special health care needs, among others. It is essential that the NACCD be adequately funded and required to meet at least once in person.

The NACCD was established to provide advice and consultation to the Department of Health and Human Services (HHS) Secretary and the Assistant Secretary for Preparedness and Response (ASPR) on issues related to the medical and public health needs of children before, during, and after disasters. The NACCD has completed several reports in recent years focused on youth leadership, surge capacity, and the provision of human services. Their expertise has been invaluable in ensuring that children are protected during public health emergencies and disasters. We hope you will include our recommendations for modest improvements to the NACCD in the Pandemic and All-Hazards Preparedness (PAHPA) Reauthorization Act of 2018.

Second, we urge congress to authorize the Children’s Preparedness Unit (CPU) at the Centers for Disease Control and Prevention (CDC) as part of PAHPA reauthorization. The CPU provides the CDC and its grantees with critical technical assistance, training, and consultation to improve preparedness and response capabilities for children. The CPU has proven to be an invaluable resource to the CDC, the pediatrician community, schools, and other child-serving institutions during recent emergencies such as
Ebola and Zika. It is a model for public-private collaboration between pediatrics and the public health sector and enhances efforts to safeguard and improve the health of our nation’s children.

Children are not little adults. They have specialized needs that must be considered when planning for, responding to, and recovering from a disaster. This includes having a strong, well-funded public health and medical system. We thank you for your consideration and urge the inclusion of our recommendation as the Pandemic and All-Hazards Preparedness (PAHPA) Reauthorization Act of 2018 advances. For further information and draft language for these provisions, please contact Tamar Magarik Haro (tharo@aap.org) in the American Academy of Pediatrics Washington Office at 202-347-8600.

Sincerely,

American Academy of Pediatrics
Child Care Aware® of America
Children’s Hospital Association
Family Focused Treatment Association
National WIC Association
Public Advocacy for Kids
Trust for America’s Health