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July 20, 2023

The Honorable Bernie Sanders
Chair, Committee on Health, Education, Labor and
Pensions
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

Dear Chair Sanders and Ranking Member Cassidy:

On behalf of the more than 200 nation's children's hospitals and the millions of children and families we serve, the Children's Hospital Association is submitting this letter for the Committee's markup of the Pandemic and All-Hazards Preparedness and Response Act (PAHPA) on July 20. We applaud your efforts to ensure the nation is better prepared to respond to a future pandemic, disaster or other public health emergency (PHE) and encourage you to prioritize the distinct needs of children, who represent **25% of the U.S. population**. Ensuring that the unique physical and mental health needs of children are met during a pandemic, disaster or other public health emergency must be a major part of Congress' work to reauthorize PAHPA.

Over the last few years, children's hospitals experienced unprecedented pediatric volumes driven by a substantial increase in childhood respiratory illnesses, like respiratory syncytial virus (RSV) and COVID-19, on top of the ongoing surge in mental health visits. The challenges that confronted children's hospitals and their nimbleness to respond demonstrate how critical it is that the nation's pandemic preparedness system can appropriately account for differences between the way physical and mental health care delivery and support systems are structured for children compared with adults.

We recently released a [blueprint](#) to provide insights into the on-the-ground challenges that children's hospitals faced and urge policymakers to prioritize children's physical and mental health needs in planning for future pandemics and disasters. To that end, there must be a **pediatric-focused national framework for preparedness and response efforts** that strengthens pediatric capacity, addresses pediatric workforce shortages and allows for the triage/consolidation of pediatric patients to centers best designed for their care.

Pediatric-specific Needs in an Emergency Preparedness and Response System

Children are not little adults, and their physical and mental health care needs, the delivery system to meet those needs and their support systems (e.g., schools, childcare settings, etc.) are different from those of adults. Children are constantly growing and developing, and child-appropriate health care supports that healthy development. Disruptions to their care, trauma, social isolation, financial, food and housing insecurity and grief associated with a natural disaster or pandemic can have a significant negative impact on children's mental health, physical health and long-term well-being. This is especially true for children and families in underserved, under-resourced and racial and ethnic minority communities. Children are also dependent on their caregivers, and the needs of their parents or guardians must be considered in a pediatric pandemic response framework.

Furthermore, pediatric care requires extra time, monitoring, specialized medications and equipment, and specially trained health care providers who are compassionate and understand kids of all ages and backgrounds. Children's hospitals, unlike adult-focused medical facilities, are increasingly the only places in a child's state or region with the breadth of pediatric specialists and subspecialists, pediatric-appropriate medical equipment and other resources required to treat children, particularly those with rare and complex clinical conditions. Given the regionalization of pediatric specialty care, children's

hospitals' critical care and "surge" capacity for children is limited during a widespread PHE, such as a pandemic or natural disaster, adding a significant level of complexity to the nation's capacity to meet children's needs.

Congressional Action Needed

A key component of the future of pediatric care will be the development of a national disaster response infrastructure that adapts to the changing landscape of health emergencies while remaining focused on the goal of providing comprehensive and high-quality services to deliver optimal child health. Solutions must be pediatric-specific and should build on – and strengthen – existing pediatric-focused initiatives at the Administration for Strategic Preparedness and Response, the Health Resources and Services Administration, and the National Advisory Committee on Children and Disasters (NACCD).

Several key opportunities within PAHPA to address pediatric pandemic and disaster preparedness and relief strategies are highlighted below.

- **Target resources to meet pediatric health care needs.**
It is imperative that the nation's children's hospitals' critical care capacity is ensured and that communities without a children's hospital have operational capacity to meet children's basic needs. Congress should direct the Hospital Preparedness Program (HPP) to target resources for children's hospitals and children's health care systems to plan for and respond to pediatric needs in large-scale emergencies and disasters. In addition, the HPP can work with pediatric experts to ensure that non-pediatric hospitals are equipped with "pediatric toolkits" that include equipment, dosages and usages of therapeutics (such as smaller sized, cuffed endotracheal tubes used for advanced airway management and emergent mechanical ventilatory support and smaller doses of albuterol and other drugs), and training modules to successfully handle surge capacity and any transferred pediatric patient. Non-pediatric hospitals must also be equipped to provide a variety of pediatric necessities during a PHE, including nutrition (such as formula), cribs and diapers, along with appropriate accommodations for patients' families and caregivers.
- **Bolster timely access to pediatric medical supplies and countermeasures during a PHE.**
There needs to be a strong focus on ensuring children have timely access to sufficient pediatric-appropriate equipment, medications and supplies. Congress should ensure that the SNS, as well as state stockpiles, develop a plan to support the medical supply needs of children during a PHE or disaster. In addition, the SNS must have the tools to accurately account for, track and communicate its pediatric medical and health supplies and equipment.

In addition, we encourage Congress to direct resources to research on pediatric dosing and formulations for medical countermeasures that are already approved for adults. It is also imperative that properly dosed pediatric medications and delivery mechanisms are available and ready for rapid deployment.

Finally, the unique needs of children and the pediatric health care system must be addressed in the development, procurement and distribution of vaccines. Vaccine development and distribution systems must be coordinated across sectors to reduce duplication and fragmentation that could lead to errors in vaccine vial sizes, dilutions and related packaging and possible safety issues for children, as well as delays in access to needed vaccines.

- **Strengthen pediatric workforce capabilities to meet critical pandemic and disaster-related needs.**
Investments must be made to address the current and long-term pediatric workforce challenges, so these shortages do not happen in future pandemics. We encourage you to consider mechanisms to ensure that the Medical Reserve Corps (MRC) is equipped to meet the unique needs of the pediatric population, particularly children with medical complexities, so it can fill critical pediatric workforce needs. The MRC should have systems in place to screen and train potential volunteers in advance to ensure they have knowledge of pediatric-specific emergency response and to maintain a roster of individuals that can be called in to assist the pediatric population in an emergency. We also encourage Congress

to provide the National Disaster Medical System with immediate and long-term targeted support to provide additional staffing that meets children's health care needs.

- **Continue and strengthen the NACCD.** **The NACCD's scope must be expanded to address high-impact pediatric issues and its recommendations implemented.** We urge you to expand the scope of the NACCD to include issues such as pediatric workforce issues, supply shortages, products for the Strategic National Stockpile (SNS) and to support its critical work to address the mental health of children in pandemic and disaster situations. The NACCD is instrumental to ensuring that the national pandemic and emergency response infrastructure meets the unique needs of children, in a developmentally and socially appropriate manner, across the entire spectrum of their physical, mental, emotional and behavioral wellbeing.

In addition, we are pleased that the legislation addresses the long-term health impacts of COVID-19 and recommend adding language to ensure research and related long COVID-19 initiatives address the unique physical health, mental health and developmental needs of children. Finally, it is imperative that pediatric pandemic and disaster preparedness efforts throughout the government are aligned, coordinated, strengthened and adequately funded to support a shared pediatric mission and framework.

In conclusion, we urge you to ensure that PAHPA bolsters the nation's pediatric pandemic and disaster response system so it meets children's physical and mental health needs. Children's hospitals stand ready to partner with you to advance policies that will make measurable improvements in the lives of our nation's children. Children need your help now.

Sincerely,



Leah Evangelista
Chief Public Affairs Officer
Children's Hospital Association