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# Children's Hospital Association Statement for the Record

## U.S. House Committee on Energy and Commerce Hearing

### “Legislative Solutions to Bolster Preparedness and Response for All Hazards and Public Health Security Threats”

June 13, 2023

On behalf of the nation's children's hospitals and the children and families we serve, thank you for holding this hearing, “Legislative Solutions to Bolster Preparedness and Response for All Hazards and Public Health Security Threats.” We applaud your efforts to ensure the U.S. is better prepared to respond to a future pandemic or other public health emergency (PHE) and encourage you to prioritize the distinct needs of children, who represent some 25% of the total U.S. population. Ensuring that the unique physical and mental health needs of children are met during a pandemic or other PHE must be a major part of Congress' work in the upcoming Pandemic and All-Hazards Preparedness Act (PAHPA) reauthorization. We welcome the opportunity to provide our input on how best to meet the unique physical, mental, developmental and social needs of children in a pandemic and disaster response framework as you work on this important legislation.

Over the last few years, children's hospitals have experienced unprecedented pediatric volumes driven by a series of PHEs, including a substantial increase in childhood respiratory illnesses like respiratory syncytial virus (RSV) and 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.

### 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 care will support that healthy development. Disruptions in their care, trauma, social isolation, financial insecurity, food and housing insecurity, and grief associated with a natural disaster or pandemic can have a significant negative impact on children's mental and physical health and their 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 parent or guardian must be considered in a pediatric care framework.

Furthermore, pediatric care typically requires extra time, monitoring, specialized medications and equipment, and specially trained health care providers who are compassionate and understand kids of all ages and from all backgrounds. Children's hospitals, unlike adult-focused medical facilities, are increasingly the only places in their state and region with the breadth of pediatric specialists and subspecialists, the 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.

During the recent surges, federal emergency declarations gave children's hospitals certain flexibilities that provided financial and legal protections to adapt service delivery models to meet immediate needs. Capacity issues in pediatric hospitals and communities requires nimbleness and flexibilities that can only be provided through a presidential declaration of an emergency under the Stafford Act or National Emergencies Act and a Public Health Emergency declaration.

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However, now that the PHE protections and flexibilities have expired, it is not clear how children's hospitals will maintain that nimbleness that allows rapid response to a public health threat. Therefore, there must be a pediatric-focused national framework for preparedness and response efforts that has the capacity both during a PHE and in the absence of one that strengthens pediatric capacity, addresses pediatric workforce shortages and allows for the triage/consolidation of pediatric patients to centers best designed for their care.

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

**Equip the Strategic National Stockpile (SNS) with pediatric supplies and allocate them to all medical facilities.** We urge Congress to require the SNS to include emergency medications in age-appropriate delivery formulations, equipment and related supplies that meet children's needs. The stockpile's distribution system must include a communication structure capable of relaying information about the availability of specific pediatric supplies to ensure their appropriate and timely allocation to all medical facilities. At a minimum, the SNS should be directed to equip all emergency departments with a basic kit that can be adapted for use with children, and includes infant formula, diapers, safe sleeping facilities and other necessities for the care of infants and toddlers.

**Target Hospital Preparedness Program (HPP) resources to meet pediatric needs.** The HPP must 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. The regionalization of pediatric specialty care adds a significant level of complexity to the nation's capacity to meet children's needs. It is imperative that the nation's children's hospitals' critical care capacity is supported and that communities without a children's hospital have operational capacity to meet children's basic needs during a pandemic or natural disaster.

Immediate targeted HPP support is needed to strengthen pediatric capacity, address pediatric workforce shortages and allow for the triage/consolidation of pediatric patients to centers best designed for their care. The recent surge in RSV, influenza, and COVID-19 cases, the so-called "Triple Demic," combined with the ongoing mental health crisis affecting our children and youth stretched pediatric critical care resources to the breaking point. During the RSV surge, children's hospitals needed trained pediatric professionals and access to critically necessary supplies and medications, such as child-sized ventilators, smaller sized, cuffed endotracheal tubes used for advanced airway management and emergent mechanical ventilatory support, as well as smaller doses of albuterol. Systems and plans must be in place to facilitate a streamlined and rapid response that is tailored to children's unique health care needs so specialized pediatric supplies and medications are available in a timely manner.

Therefore, Congress should direct ASPR to develop and disseminate "pediatric toolkits" through the HPP to non-pediatric hospitals that include pediatric-appropriate equipment, training modules, as well as dosages and usages of therapeutics, to successfully handle surge capacity and any transferred child-patient. All medical facilities should be required to have policies and procedures for the provision of nutrition (e.g., formula), cribs and other appropriate sleeping accommodations, diapers, etc. for infants and toddlers. They also should be equipped to provide accommodations for the families of child patients during pandemic and disaster situations. Furthermore, non-pediatric hospitals should have pediatric interfacility transfer agreements and interoperability capabilities to allow for electronic access to specialized pediatric clinical and mental health care providers for remote consultations.

**Enhance pediatric-specific training opportunities in the Medical Reserve Corps (MRC).** 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 unique needs of the pediatric population are addressed in the MRC program, which can fill critical workforce needs during a pandemic or natural disaster with volunteers in an emergency or

when there are other emergency staffing needs. There should also be processes in place to integrate state- and federally designated health care professionals with appropriate pediatric training to address pediatric surge needs during an emergency. Plans should be in place to assess how well hospital staff and other volunteers will be able to care for children, including children with complex medical needs, in an emergency. We recommend that trainings for MRC volunteers include courses about children's needs. We also urge that the MRC have systems in place to screen and train potential volunteers in advance to ensure they have knowledge of pediatric-specific emergency response, and maintains a roster of individuals that can be called in to assist with the pediatric population in an emergency.

**Bolster the National Advisory Committee on Children and Disasters (NACCD) and the Children's Preparedness Unit (CPU).** The NACCD is instrumental to ensuring that the national pandemic and emergency response infrastructure will meet the unique needs of children, in a developmentally and socially appropriate manner, across their entire spectrum of their physical, mental, emotional and behavioral wellbeing. We urge Congress to bolster the NACCD and the committee's ability to expand its membership and scope of recommendations of high-impact issues for subsequent reports, such as addressing pediatric workforce issues, supply shortages, and products for SNS. We recommend that ASPR be designated the appropriate funding and authority to fully implement and refine NACCD recommendations and provide adequate resources in a timely manner in coordination with other relevant agencies. We also ask Congress to support the NACCD's ongoing work to address the mental health of children in pandemic and disaster situations. These efforts and others throughout government must be aligned, strengthened and adequately funded to support a shared pediatric mission and framework.

In addition, the Centers for Disease Control and Prevention's CPU program is another important component of the emergency response framework. The CPU is a vital aspect of emergency response and is uniquely structured to meet the immediate needs of children during a public health event. We ask that children's hospitals be CPU partners to help disseminate and amplify key pediatric-specific preparedness messages. This partnership would ensure that children with special health care needs are provided special support services, including medicine, medical equipment and mental health support.

Pandemic and disaster preparedness efforts throughout government must be aligned, coordinated, strengthened and adequately funded to support a shared pediatric mission and framework. That framework must ensure the broader capacity of the nation's medical facilities to meet children's physical and mental health needs—as well as those of their entire caregiving/support system—through the delineation of appropriate staffing, specialized equipment, training and other child-centric resources. Thank you again for your commitment to ensuring the needs of children are met during a future pandemic or disaster. 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.