
Children's Hospital Association Statement for the Record

U.S. House Committee on Energy and Commerce Hearing "Preparing for and Responding to Future Public Health Security Threats" May 11, 2023

On behalf of the nation's children's hospitals and the children and families we serve, thank you for holding this hearing, "Preparing for and Responding to Future 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.

Targeted pediatric resources and a national pediatric framework that are not dependent on national emergency declarations are needed to meet current and future preparedness and response system challenges. 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. However, once those protections expire it is not clear how children's hospitals will maintain that vital flexibility that allows rapid response to a public health threat. Preparedness and response efforts must strengthen

pediatric capacity, address pediatric workforce shortages and allow 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.

Strengthen pediatric initiatives within the National Health Security Strategy (NHSS). We urge Congress to ensure that the NHSS builds on, and strengthens, existing pediatric-focused initiatives at the Assistant Secretary for Preparedness and Response (ASPR) and the Health Resources and Services Administration (HRSA), as well as the National Advisory Committee on Children and Disasters (NACCD). In particular, pandemic and disaster relief preparedness strategies must include coordinated pediatric care structures and plans that address the operational capacity of the nation's medical facilities to meet children's unique physical and mental health needs. Pediatric experts should be included in all short- and long-range coordinated care planning efforts.

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 meets 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 support bolstering 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 the Strategic National Stockpile (SNS). We recommend that ASPR be designated the appropriate funding and authority to fully implement NACCD recommendations and provide adequate resources in a timely manner. These efforts and others throughout government must be aligned, coordinated, strengthened and adequately funded to support a shared pediatric mission and framework.

The CPU is another important component of the emergency response framework. It is critical that Congress empower the CPU to fulfill its mission and be allowed to develop and implement a nimble and appropriate public health response to the ongoing, and any future, pandemics while also having a focus on pediatric preparedness. It is particularly important that CPU be required to work with its partners to help disseminate and amplify key preparedness messages and ensure that children with special health care needs are provided special support services, including medicine, medical equipment and mental health support.

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 ensured and that communities without a children's hospital have operational capacity to meet children's basic needs.

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 "Tripleemic," stretched pediatric critical care resources to the breaking point. During the RSV surge, children's hospitals experienced the need for trained pediatric professionals, as well as challenges accessing 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” to non-pediatric hospitals that include 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.

The HPP must also include mechanisms to allow for the continuation of key pediatric services in the community. These include immunization programs, services for children with special health care needs, child nutrition programs, newborn screening, children’s mental health services and other services for at-risk children.

Equip the 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 supplies to ensure the appropriate allocation of necessary pediatric supplies 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.

Strengthen pediatric-specific readiness within Public Health Emergency Medical Countermeasures Enterprises. For medical countermeasures (MCMs) to meet the needs of children, there must be a strong focus on research, development, procurement, strategy and guidance that can ensure timely access to sufficient pediatric-appropriate equipment, medications and supplies and a quick response to shortages. Pediatric care requires specialized medications, therapeutics, and equipment. For example, many pediatric drugs come in specific formulations that support safer dosing and with practical methods for appropriate delivery for growing children, such as altered concentrations or formats. Pediatric-specific supplies are created with children’s sensitive skin, growing bodies, and smaller size in mind.

Drug and supply shortages are particularly challenging in pediatric health care. Given the specific requirements and considerations for children, pediatric and drug products can go into shortage more quickly than adult products. Once in shortage, it can take longer for manufacturers to respond and bring adequate product back to market.

Congress can help ensure that children have access to needed medications and other medical supplies during a PHE in several ways. First, Congress should require resources to be directed to research pediatric dosing and formulations for MCMs that are already approved for adults. Congress should also require properly dosed pediatric medications and delivery mechanisms to be available and ready for rapid deployment. Furthermore, relevant federal agencies, such as the CDC, ASPR and FDA, should be authorized to develop a process that allows for the advance approval—through the emergency use authorization process—of off-label use of medical countermeasures for children before the declaration of a PHE. Advanced approval or protocols should also be developed that allow for the importation of product in the event of a catastrophic supply event, such as occurred during the recent shortage of infant formula.

It is also critical that Congress extend the requirement for device manufacturers to notify the FDA of significant interruptions and discontinuances of critical devices outside of a PHE. We support FDA authorities to require manufacturers to develop and share risk management plans, particularly for sole-source suppliers, and identify alternate suppliers and manufacturing sites.

Invest in child-focused mental health systems. We urge Congress to develop a strategic plan to specifically address the mental health needs of children and youth, including a strategy to support continued access to, and availability of, mental health and substance use disorder services during PHEs. The effects of the COVID-19 pandemic on children’s and teens’ mental health painfully illustrate the importance of strengthening investments in child-focused mental health systems of care now to ensure that kids’ needs will be adequately addressed when we face another pandemic or PHE. Further, we know that

children who live through an emergency, such as COVID-19, have a greater risk of having traumatic experiences, and when families struggle to find mental health care, kids are at greater risk for experiencing long-term impacts on their health and wellbeing.

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.