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*Submitted electronically via [HELPPandemicbill@help.senate.gov](mailto:HELPPandemicbill@help.senate.gov).*

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

The Honorable Richard Burr  
Ranking Member  
Senate Committee on Health Education,  
Labor, and Pensions  
United States Senate  
Washington, DC 20510

**RE: PREVENT Pandemics Act Discussion Draft**

Dear Chairwoman Murray and Ranking Member Burr:

The Conference of Boston Teaching Hospitals (COBTH) is deeply grateful for your extraordinary bipartisan efforts to improve our nation's hospital, health system, and public health preparedness through the PREVENT Pandemics Act. We look forward to working with you to identify and respond to ongoing challenges in responding to COVID-19 and other public health emergencies; to identify lessons learned during the COVID-19 response; to significantly improve our nation's emergency response infrastructure and capabilities; and to respond to the deep inequities that continue to persist across our nation.

We continue to work closely with our colleagues at the Association of Academic Medical Colleges (AAMC) and strongly support the AAMCs detailed comments submitted in April and again in response to this request for information, some of which we echo below.

**COBTH Background**

By way of background, the Conference of Boston Teaching Hospitals is a non-profit organization dedicated to supporting the full mission of twelve Greater Boston area teaching hospitals. This mission includes providing world-renowned clinical care to all patients, regardless of insurance status or ability to pay; training the next generation of physicians, nurses, and allied health care professionals; discovering and advancing new treatments and cures; and responding to the public health needs of our community. We also serve as the emergency management coordinator for hospitals within the City of Boston (MA-Region 4C), working closely with the Stephen J. Lawlor Medical Intelligence Center (MIC) on an around-the-clock basis during the pandemic and other emergencies.

**Support for Coordination of Hospital Capacity Management and Equitable Response is Essential**

COBTH-member academic medical centers and clinicians have been on the front lines of this pandemic for more than two years, and we continue to actively learn and aggressively adapt to the challenges that have emerged with each surge in COVID-19 cases and hospitalizations.

As we prepare for future public health emergencies and disasters, it is essential that our academic medical centers and sister community hospitals have the resources and tools needed to respond effectively, and to collaborate and support one another through surges in hospitalizations. Our response capabilities must be developed and grounded within a strong ethical framework, which at its core will strengthen our equitable response to patient needs.

Specifically, we recommend long-term, sustained investment to support statewide hospital and health care delivery system “load balancing” and capacity coordination platforms, including providing funding for the technology and staffing infrastructure necessary to effectively manage and coordinate hospital capacity in real-time -- locally, statewide, and regionally.

Launching and supporting this investment will enable hospitals to effectively facilitate the appropriate response to patient’s need for hospitalization regardless of where the patient is located, to implement an equity-centered response to patient needs, and to avoid the need for invocation of crisis standards of care for any single acute care hospital within a state or region. It is also essential that ASPR actively support regional patient coordination efforts at both the state and regional level, and to facilitate and support the development of best practices. It is critical that Medical Operations Coordination Cells (MOCC) continue to be supported and strengthened as part of this legislation.

While we have begun these efforts here in Massachusetts, along with collaboratives developed in a multitude of states, these load balancing and capacity management efforts will need permanent, sustained investment to succeed and develop. Statewide hospital associations are particularly well-positioned and trusted partners to take on this work, with the active involvement of hospital leaders statewide and strong collaboration with state public health departments.

#### **Additional Shared Recommendations with Academic Medical Centers Nationwide**

In addition to the foregoing, we want to reemphasize the overarching need to support hospital and clinical preparedness with significant and dedicated funding and investments, along with making available the essential toolbox of flexibilities and liability protections that are essential to providers in responding to larger scale disasters and ongoing public health emergencies.

As noted previously, we echo the detailed recommendations of the AAMC, and briefly summarize our shared recommendations below:

##### **Support and Invest in Clinical Preparedness**

- Support infrastructure to build physical hospital resilience against pandemics, climate events, and other disasters,
- Equip academic medical centers to build flexible surge infrastructure to serve their communities,
- Expand existing networks to address special pathogens and disaster response,
- Establish a network of centers with specialized expertise in pandemic preparedness,
- Preserve and improve access to telehealth services by eliminating coverage and payment barriers, as well as expanding broadband access,
- Preserve regulatory flexibility for the Acute Hospital Care at Home program, and
- Prioritize true mental health parity and promote access to mental health and substance use

services.

#### Reinvest in Public Health Infrastructure and Strengthen Opportunities for Coordination Between Academic Medicine and Public Health

- Invest in rebuilding and maintaining core public health infrastructure,
- Strengthen and enhance investment in existing public health and health care preparedness programs,
- Strengthen the relationship between local health departments and academic medical centers,
- Bolster the nation’s genomic sequencing infrastructure for surveillance, and
- Recognize the critical role of federal coordination in pandemics, with academic medicine input as essential to any federal, state, or local response.

#### Ensure Access to Key Supplies and Medical Countermeasures

- Strengthen the Strategic National Stockpile and establish complementary mechanisms to ensure adequate supply,
- Strengthen testing, vaccination and therapeutics infrastructure in preparedness planning, including stockpiles, and
- Ensure geographic diversity of vendors and domestic manufacturing capacity.

#### Invest in Data Modernization

- Provide reliable funding to develop, modernize and maintain data systems at public health departments and the digital architecture of health care facilities nationwide,
- Identify essential data elements in advance and establish a framework for enhancing data collection as needed,
- Promote a commitment to transparency and trustworthiness, and
- Collect sociodemographic, social needs, and social determinants data to promote equity.

#### Prioritize Achievement of Racial and Ethnic Health Equity

- Apply a health equity framework to all elements of pandemic planning, including support for planning and grants to address social determinants of health,
- Promote meaningful community engagement and consider unique needs of certain populations in all aspects of pandemic and emergency response, and
- Make it easier to reach communities where they are through support for mobile units and other community-based solutions, with dedicated funding to support such efforts.

#### Advance and Facilitate Medical Research and Innovation

- Maintain a robust commitment to medical research supported by the National Institutes of Health,
- Establish clear rules and procedures for engagement of labs in testing for pathogens during a public health emergency,
- Support multisector public-private/academic research partnerships to accelerate new medical

countermeasures,

- Make telehealth flexibilities permanent to support clinical trials, in addition to clinical care, and
- Create the structure to rapidly address complex bioethical issues.

Ensure Ample Workforce to Mount a Nimble and Effective Response to Public Health Crises

- Substantially increase federal support for physician training,
- Consider challenges related to workforce staffing in emergencies and invest in core, emergency preparedness resources that can be scaled up in the event of a PHE
- Invest in health professions students and education infrastructure,
- Promote health professionals' health and well-being.

Other Key Structural and Programmatic Priorities

- Ensure sustained funding for core needs and emergency investments as needed,
- Exempt key HHS agencies from discretionary spending limits,
- Streamline processes for administrative flexibilities in a public health emergency.

Again, thank you for the opportunity to comment, and we look forward to working with you throughout this process. We welcome the opportunity to discuss these recommendations further with you and your staff as you continue your work on legislation to enhance and rebuild our public health, health care, and scientific infrastructure to strengthen the nation's resilience against future emerging hazards.

Very truly yours,



Patricia McMullin  
Executive Director  
Conference of Boston Teaching Hospitals