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House Members Press for Critical Care Provisions at Public Health Preparedness Hearing

The House Committee on Energy and Commerce's Subcommittee on Health held a hearing this morning to consider several bills addressing bioterrorism, controlled substances and public health issues. Among the bills up for consideration was bipartisan legislation introduced by Rep. Mike Rogers (R-MI) to reauthorize the Pandemic and All-Hazards Preparedness Act (PAHPA). Since its inception, the Roundtable has worked to raise awareness of the critical care delivery system amongst key policymakers, and we are pleased to report that the importance of critical care was recognized multiple times throughout the hearing.

In his opening statement, Health Subcommittee Ranking Member Frank Pallone (D-NJ) acknowledged the significance of the critical care system in disaster preparedness efforts, and the Committee Members' desire to integrate provisions that would "enhance the nation's ability to care for pediatric populations and the critically ill or injured in the event of a public health emergency." Pallone further stated, "I hope that we can incorporate these important ideas in some way into the reauthorization bill."

Longtime Roundtable supporter Rep. Tammy Baldwin (D-WI) followed Rep. Pallone's comments by urging fellow Committee Members to consider incorporating the key disaster-related provisions from her critical care bill into the House's PAHPA reauthorization. Said Rep. Baldwin, "Earlier this year, I introduced the bipartisan Critical Care Assessment and Improvement Act (H.R. 971) with my colleague from Minnesota, Erik Paulsen, which seeks to identify gaps in the current critical care delivery model and bolster capabilities to meet future demands. I am hopeful that we are able to incorporate some of the relevant provisions of that act into PAHPA as we work towards that reauthorization." To view a video of the Congresswoman delivering her statement, please click here.

Later in the hearing, Congresswoman Lois Capps (D-CA) emphasized the importance of the critical care system to the nation's medical response system, saying that, "the ability of any community to respond to a massive influx of [patients] capacity depends on care across the system, including ambulatory care, hospital care, critical care, trauma and emergency care."

In addition, several Members of the Health Subcommittee actively encouraged support for the inclusion of priorities that the Roundtable has championed since its inception in 2009. In particular, several members pressed witness Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response (ASPR) at the Department of Health and Human Services (HHS), on the adequacy of current systems for the advance registration of volunteer health professionals. Dr. Lurie acknowledged that even as recently as the January, 2010 Haiti disaster, "we had thousands of people who wanted to help... many of whom were extremely well-qualified, but we couldn't process and certify all of those people in the middle of a disaster. You have to do that in advance so you are ready to go when you have a disaster." Committee Member Rep. John Shimkus (R-IL) pointedly asked Dr. Lurie if the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) was really working and generating results,

to which she responded that, “some states have very strong registration and credentialing programs and those are working quite well; we are continuing to provide technical assistance and support to other states to get them up to speed.”

Rep. Phil Gingrey, M.D. (R-GA) followed on Rep. Shimkus’ line of questioning, relaying his experiences volunteering during Hurricane Katrina, Dr. Gingrey told the Subcommittee that there was no one on the ground to verify his own medical credentials, and stressed the need for such a system at the federal level. Dr. Lurie conceded, saying that, “I do think we need a national system to be able to rapidly look at someone’s credentials and give them the okay. We also have a set of challenges that we continue to face because there is not licensed reciprocity across all states.” Dr. Lurie asserted that on the federal level, everyone in the National Disaster Medical System (NDMS) is credentialed in advance, testifying that, “we have been working very aggressively since the Haiti earthquake to be able credential people in other specialties, particularly in the critical care area and some of the specialty surgical areas and trauma areas where we don’t necessarily have a full cadre of people on each team, so when a disaster happens, we can pull those volunteers from across the country and put them to work by joining our NDMS teams ...that is actively underway.”

The Senate Committee on Health, Education, Labor, & Pensions (HELP) is still in negotiations regarding their version of the PAHPA reauthorization language, but we anticipate a draft of the bill is forthcoming.

The Roundtable on Critical Care Policy applauds the Committee for holding this bipartisan hearing, and is eager to continue its work with both the House and Senate to ensure that the needs of the critical care community are addressed in this important legislation. We will continue to keep you apprised of our efforts and any development as we do so.

This Special Alert is an update from The Roundtable on Critical Care Policy. For further information on the Roundtable, please visit our website at www.CriticalCareRoundtable.org.