

## To the attention of:

Bernard Sanders, Chair, Senate HELP Committee Bill Cassidy, M.D., Ranking Member, Senate HELP Committee Robert P. Casey, Jr., Member, Senate HELP Committee Mitt Romney, Member, Senate HELP Committee

We, as the Global Health Technologies Coalition (GHTC), are writing today to submit comments on the discussion draft of the Senate's 2023 Reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA). Like many other global health stakeholders, our coalition of nonprofits, industry leaders, and academic institutions see the reauthorization of PAHPA as a must-pass piece of legislation.

PAHPA presents a critical opportunity to reaffirm our commitment to tackling emerging disease threats, as well as strengthen our current slate of medical countermeasures (MCMs) to meet the goals of the 21st century through innovative global health research and development (R&D). Below we list opportunities for improvement to the bill as it is written. We appreciate your attention to our suggestions.

- 1. Authorize an Emerging Infectious Disease (EID) Division at the Biomedical Advanced Research and Development Authority (BARDA) with a dedicated funding line. We are pleased by the inclusion of more expansive language like "emerging infectious diseases" and "viral pathogens with a significant potential to cause a pandemic"—which recognizes the fuller spectrum of potential threats for which MCMs are needed. To further this aim, we urge policymakers to create a dedicated EID Division within BARDA to enable the agency to take a more proactive rather than reactive approach to MCM development for EIDs. While we understand the fiscal environment is difficult, if established, this division should receive around \$775 million per year in dedicated funding.
- 2. Direct BARDA to provide regular public reports on its product-level investments. We are supportive of the bill text directing the Assistant Secretary for Preparedness and Response to provide Congress with reports on a coordinated strategy for MCMs to address chemical, biological, radiological, and nuclear (CBRN) threats. In addition to this reporting requirement, we believe there should be additional language directing BARDA to regularly and publicly report on its product-level investments to the greatest extent possible without compromising national security, and as part of that reporting, to detail the funding amount, threat area, product type, and phase of development for each MCM. This policy would be a minimal burden to the agency since it already provides comprehensive reporting including funding on its website for COVID-19 and some level of information on CBRN threats.



- 3. Prioritize deliverability in low-resource settings. We welcome the bill text expanding MCM research initiatives to include technologies to improve production and use of MCMs, like manufacturing, transport, storage, and administration technologies. For these initiatives to reach their full potential in expanding access to lifesaving tools, we believe there should also be language included that stipulates that all R&D efforts for new vaccines, drugs, diagnostics, and other tools prioritize applicability in low-resource settings. This objective could also be furthered by: requiring the Administration for Strategic Preparedness and Response to conduct a study on barriers to low resource deliverability, including the Administrator for the US Agency for International Development in the Public Health Emergency Medical Countermeasures Enterprise, and authorizing BARDA to support community engagement activities during MCM development.
- **4. Further prioritize antimicrobial resistance (AMR) research by attaching the PASTEUR Act.** We appreciate the specific language in the draft bill that reinforces a mandate to "conduct research to promote strategic initiatives, such as ... broad-spectrum antimicrobials." By attaching PASTEUR, it would create a program in the Department of Health and Human Services to incentivize the development of new AMR drugs through a subscription-based payment model.
- 5. Eliminate the sunset for the medical countermeasure innovation partnership (MCIP). The 21st Century Cures Act authorized BARDA to enter a partnership with a nonprofit entity to accelerate MCMs through venture capital practices. BARDA has since entered a successful partnership that has leveraged matched external funding to sponsor at least eight promising innovations. Policymakers should extend this authority without a sunset in the reauthorization of PAHPA.
- **6. Authorize loan authorities, like those available to the Department of Energy.** This would give BARDA an additional mechanism to finance large-scale projects that could better prepare the United States and the world for future biological threats.

Thank you for your work on this critical legislation and for providing an opportunity for input.

Alex Long

Policy and Advocacy Officer
Global Health Technologies Coalition (GHTC)