INTRODUCTION:

The informal coalition on biodefense and public health preparedness is committed to the long term success of the US government’s biodefense and public health preparedness enterprise. The involved stakeholders promote a sustainable enterprise by protecting and securing funding for key programs, which are essential to combat bioterrorism and to foster public health preparedness to protect our nation from deliberate and natural disasters.

BACKGROUND:

After the 2001 terrorist attacks, the US government began a dedicated effort to develop and stockpile drugs and vaccines needed to protect the American people from chemical, biological, radiological, and nuclear (CBRN) threats. The government has strategically invested in a diverse set of products to treat a range of pathogens and toxins identified as significant threats, including smallpox and anthrax, but numerous threats have not yet been addressed and our nation remains vulnerable to CBRN attacks and public health emergencies.

Comprehensive public health preparedness relies on the resourcing of myriad health-related programs. Many of these programs have been underfunded or faced declining allocations, resulting in a public health infrastructure that is not at a complete state of readiness. Biodefense, as a component of national health security, is a public health mission area that requires a sustained federal commitment. Key programs developed after 2001, such as the Biomedical Advanced Research and Development Authority (BARDA) and the BioShield Special Reserve Fund (SRF), remain critical to facilitating industry partnerships that will lead to the development of medical countermeasure (MCM) solutions.

FISCAL YEAR 2016 FUNDING REQUESTS:

In order to advance the core purposes of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA, P.L. 113-5), combat bioterrorism, and foster preparedness to protect our nation from man-made and natural disasters, the informal coalition supports the inclusion of the following funding levels in any final version of the Fiscal Year (FY) 2016 Labor, Health and Human Services, and Education Appropriations bill:

**Special Reserve Fund (SRF) - $763 M ($646 M was included in President’s Budget)**

A public-private partnership to develop MCMs is required to successfully prepare and defend the nation against these threats. Recognizing that there is little or no commercial market for MCMs, and that such assets can take a decade to develop, Congress established the Project BioShield SRF to provide a visible commitment to the MCM enterprise and adequate long-term funding for the advanced development and procurement of MCMs. Those funds expired in 2013, leaving the
future of the medical countermeasure enterprise uncertain and subject to the annual appropriations process.

$255 million was appropriated in both FY 2014 and FY 2015 for the SRF. $763 million is required each year for the next three fiscal years to achieve the $2.8 billion over five years (FY 2014-2018) authorized in PAHPRA.

**CDC’s Public Health Emergency Preparedness Cooperative Agreements (PHEP) - $675 M ($644 M was included in the President’s Budget)**

PHEP is the primary source of public health preparedness funding for state and local public health departments to maintain the capacity and capability to effectively respond to public health emergencies resulting from terrorist threats, infectious disease and foodborne outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. PHEP grants support 15 core public health capabilities identified by CDC, including in the areas of public health laboratory testing, health surveillance and epidemiology, community resilience, countermeasures and mitigation, incident management, information management, and surge management. The grants fund nearly 4,000 state and local public health preparedness staff positions.

**BARDA - $522 M ($522 M was included in President’s Budget)**

As a result of BARDA’s support and the biopharmaceutical industry’s efforts, more than 160 products are now in the advanced development pipeline. This is an impressive accomplishment in less than a decade. Even more importantly, several life-saving products have been procured by the US Government and placed into the Strategic National Stockpile (SNS) and are available to be used in the event of an emergency. The informal coalition supports the President’s FY 2016 request for funding for BARDA.

**Strategic National Stockpile (SNS) - $571 M ($571 M was included in the President’s Budget)**

Congress established the SNS at the Centers for Disease Control and Prevention (CDC) to provide a supply of large quantities of essential medicines and other medical supplies to states and communities during an emergency within 12 hours of the federal decision to deploy. The informal coalition supports the President’s request for the SNS.

**Pandemic Influenza – Robust funding ($170 M was included in the President’s Budget)**

The Coalition also supports an increased investment in pandemic influenza preparedness to support advanced research and development, pre-pandemic rapid response and the replenishment of pre-pandemic vaccine stockpiles. *“Because the FY 2015 Enacted level for pandemic influenza is inadequate, BARDA will not be able to fund activities on newly-awarded stockpile contracts that are required to maintain the existing stockpile program critical for a swift and*
nimble pandemic response.” FY2016 Public Health and Social Services Emergency Fund Congressional Justification (p.113-114).

Hospital Preparedness Program (HPP) Grants - $300 M ($255 M was included in President’s Budget)

The HPP, administered by the Assistant Secretary for Preparedness and Response (ASPR), was recently reauthorized by PAHPRA and provides funding to state and local health departments to build capabilities in the areas of health system preparedness, health system recovery, medical surge, emergency operations coordination, fatality management, information sharing, responder safety and health and volunteer management.

The impact of recent cuts to this program was illustrated in 2014, as hospitals scrambled to prepare for an unfamiliar Ebola virus without ongoing resources available to train frontline staff. Deploying emergency appropriations, HPP will implement a national strategy to prepare hospitals for Ebola through a network of treatment and assessment hospitals. However, a strong and steady baseline of preparedness would be better than waiting for a new threat to appear before ramping up our defenses. FY2016 funding will help build enhanced system planning and response, increased integration of public and private sector medical planning and assets, and improved grantee infrastructure to help healthcare coalitions prepare for public health emergencies.

FOR MORE INFORMATION, PLEASE CONTACT:

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