



November 14, 2024

The Honorable Charles Schumer  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Mike Johnson  
Speaker of the House  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Minority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Hakeem Jeffries  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

Dear Majority Leader Schumer, Speaker Johnson, Minority Leader McConnell, and Minority Leader Jeffries:

On behalf of the more than 93,000 members of the American College of Surgeons (ACS), I write to urge Congress to reauthorize the *Pandemic All-Hazards Preparedness Act* (PAHPA) before the end of this year. The ACS is a scientific and educational association of surgeons, founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. As a leader in setting standards for trauma care, the ACS knows that trauma systems are not only responsible for day-to-day emergency and trauma care, but also scale up to respond to public health emergencies that cause regions to experience a surge in capacity. Moreover, trauma systems serve as critical infrastructure for disaster and emergency response.

PAHPA was enacted to improve the national response to public health and medical emergencies and ensure readiness against emerging threats. PAHPA reauthorization has always received broad bipartisan support, and the ACS greatly appreciates the thoughtful discussion and extensive bicameral bipartisan work that has taken place as part of the effort to reauthorize PAHPA during the 118<sup>th</sup> Congress, resulting in introduction of the *Pandemic and All-Hazards Preparedness and Response Act* (S. 2333), the *Preparing for All-Hazards and Pathogens Reauthorization Act* (H.R. 4421), and the *Preparedness and Response Act* (H.R. 4420). Unfortunately, PAHPA expired on September 30, 2023, and has yet to be reauthorized.

The ACS appreciates that some provisions of PAHPA were temporarily funded through Fiscal Year 2024 (FY24) but **encourages Congress to urgently pass a five-year PAHPA reauthorization before the end of this year that includes the following priorities:**

- **Section 104 of S. 2333 - Improving medical readiness and response capabilities:** A health care system that can oversee and coordinate daily medical needs is key to surging when needed in an emergency scenario. This section reauthorizes the Hospital Preparedness Program (HPP) and improves coordination and surge capacity of regional medical operations within and among health care coalitions. The language also requires eligible entities to establish and maintain or leverage existing capabilities to enable coordination of regional medical operations within a coalition and between multiple coalitions in close geographic proximity. Maintaining this

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language is critical because it sets a framework for stronger coordination of regional response in an emergency by driving the HPP from solely planning for catastrophic events to having an active role in managing the day-to-day coordination for the care of patients. **Because this language does not authorize additional funding to carry out this work, Congress can greatly strengthen coordination and improve access to timely care for patients without spending any additional money.**

- **Section 608 of S. 2333/Section 202 of H.R. 4421: Military and Civilian Partnership for Trauma Readiness:** *The MISSION ZERO Act* was enacted as part of PAHPA in 2019, establishing the Military and Civilian Partnership for the Trauma Readiness Grant program (MISSION ZERO). The grant program is managed through the Administration for Strategic Preparedness and Response and offsets the administrative costs of embedding military trauma professionals in civilian trauma centers. These military-civilian trauma care partnerships allow military trauma care teams and providers to gain exposure to treating critically injured patients and increase readiness for when these units are deployed, further advancing trauma care and providing greater patient access. Congress temporarily extended funding for this important program through FY24. **The ACS urges Congress to include funding for MISSION ZERO in any year-end spending package as well as reauthorize the program at the previously enacted level of \$11.5 million.**
- **Section 204 of S. 2333 - Pilot Program for Public Health Data Availability:** Large-scale events pose numerous challenges for health systems, including fragmented command structure; lack of effective communication between agencies, clinicians, and facilities; inadequate and fragmented data concerning patient location and condition; limited or absent medical surge capability; limited integration of public health with acute private and public health sector care; inadequate integration between local and federal emergency management systems; and lack of ability to coordinate and track patient movement. This provision would establish a pilot program for state and regional public health situational awareness activities and improve coordination within the Department of Health and Human Services so that deidentified, aggregated data on potentially catastrophic infectious disease outbreaks can be made publicly available in near real-time. **The ACS urges Congress to include this provision in final PAHPA reauthorization legislation.**

PAHPA has been instrumental in coordinating federal efforts to enhance our nation's ability to respond effectively to public health emergencies, ensuring that we are adequately prepared to protect the health and safety of our citizens. Failing to reauthorize PAHPA and adequately support these essential programs will hinder our ability to respond effectively to public health emergencies.

Thank you again for your leadership and commitment to reauthorizing this important legislation. If you have any questions, please contact Carrie Zlatos at [czlatos@facs.org](mailto:czlatos@facs.org).

Sincerely,



Patricia L. Turner, MD, MBA, FACS  
Executive Director & CEO