

**To:** Chairwoman Patty Murray and Ranking Member Richard Burr,  
Senate Health, Education, Labor and Pensions Committee

**From:** James C. Appleby, BSPHarm, MPH, ScD (Hon)  
Chief Executive Officer  
The Gerontological Society of America

**Date:** February 4, 2022

**Re:** PREVENT Pandemics Act Feedback

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

On behalf of The Gerontological Society of America (GSA), thank you for the opportunity to offer our comments to your request for feedback to the discussion draft of the PREVENT Pandemics Act. We appreciate the bipartisan efforts in Congress to address several of the longstanding challenges that have undermined our pandemic response like strengthening our medical supply chains, improving our public health data systems and workforce, updating the development process for tests, treatments, and vaccines, combatting misinformation, and more. **Our readiness in our day-to-day efforts is critical to the safety of us all and will lead to our preparedness for future pandemics.**

Our mission at GSA is to cultivate excellence in interdisciplinary aging research to advance innovations in practice and policy. GSA's 5,400 members include gerontologists, health professionals, behavioral & social scientists, biologists, demographers, economists, and many other disciplines. These experts study all facets of aging with a life-course orientation. The multidisciplinary nature of the GSA membership is a valued strength, enabling the Society to provide a 360-degree perspective on the issues facing our population as we age. GSA is advancing major initiatives related to improving adult immunization rates, earlier detection of cognitive impairment, improving oral, hearing, and vision health, framing our language to improve the public's understanding of aging, and understanding the impact of the longevity economy.

GSA has a long-standing commitment to improving adult immunization rates and expanding the number of professionals around older adults who support vaccination. GSA hosts the National Adult Vaccination Program (NAVVP), started in 2011 with the purpose of affecting policy and improving adult immunization rates. To help achieve its goals, the NAVVP convened a workgroup of vaccine and policy experts to provide strategic recommendations and direction that focus on improving adult immunization rates and creating sustainable change. We routinely bring together stakeholders to discuss issues of importance and make recommendations to address the specific needs of older adults. [As the COVID-19 pandemic](#) continues to affect individuals, families, and communities across the country, there is newfound attention on the value of vaccines as an effective preventive health measure.<sup>1</sup> Vaccines have always been one of greatest public health achievements and have become a critical tool in our success in transitioning through the COVID-19 pandemic.

With ongoing challenges due to the pandemic, including the rise in vaccine hesitancy in certain communities, Congress must continue to support both funding and policies to improve vaccination in terms of pandemic preparedness and response as well as routine public health immunization activities. Our nation simply cannot afford to follow a pandemic with an increase in cases or large outbreaks of

other vaccine preventable diseases. The COVID-19 pandemic put a tremendous strain on our chronically underfunded public health infrastructure and exposed important weaknesses that simply must be addressed. We must apply the lessons learned and integrate best practices to ensure the tools and capabilities necessary to respond to future disease outbreaks, pandemics, and/or disasters.

GSA is pleased to enthusiastically support the comments submitted by the **Adult Vaccine Access Coalition** and **urges the Committee to consider these recommendations** as it proceeds.

Additionally, GSA is pleased to support:

**Subtitle B – Improving Public Health Data** - We encourage the Committee to consider policies that will help improve and enhance the patchwork of immunization data systems to meet the diverse needs of individuals, providers, and communities both routine immunization efforts and outbreaks of emerging infectious diseases where vaccines are an important tool in our national response and recovery effort. The future of pandemic response will rely on timely, reliable, and accurate data, which can enable activities to plan, prepare for, promote, distribute, administer, monitor, and track COVID-19 vaccines as well as other routinely recommended vaccines. The pandemic has laid bare the fact that immunization data capabilities vary across states and many systems are in woefully need of modernization. Congress has an important leadership role to play to help guide public health data modernization goals, expectations and outcomes.

**Sec. 201**, which would provide much needed resources to communities to develop, strengthen, and operationalize networks of stakeholders that are committed to addressing social determinants of health in their communities. As a supporter of CDC's current efforts to address Social Determinants of Health, we applaud the committee's recognition of this important work and the need to engage at a grassroots level to develop customized, community driven programs.

**Sec. 212**, significantly boosting U.S. genetic surveillance and viral sequencing is key to moving beyond the COVID-19 pandemic and effectively responding to future challenges not only associated with novel and evolving infectious diseases, but also seasonal threats, antimicrobial resistance, and foodborne pathogens.

**Sec. 221**, which would reauthorize and improve the Public Health Workforce Loan Repayment Program to provide a vital tool for recruitment and retention of frontline public health professionals at local, state, and Tribal public health departments. We appreciate that the program would require a three-year service commitment and provide up to \$50,000 annually in loan repayment, which will set the program up to be successful in helping health departments attract and retain high level talent into the field. As the bill progresses, we respectfully request that the Committee work to ensure that loan repayment funds under this program be exempt from federal income and unemployment taxes, just as they are under the National Health Service Corps program reduce administrative burden and make best use of federal resources.

**Section 231 – Center for Public Health Preparedness and Response** – GSA appreciates efforts to support ongoing research and development of best practices that are informed by evidence. Specifically, efforts to reduce transmission of emerging infectious diseases should include the development, production distribution and administration of vaccines.

**Section 232 – Vaccine Distribution Plans** – As the Committee considers the PREVENT Pandemics Act, we encourage the Committee to explicitly acknowledge that routine immunization provider networks and public health programs are the backbone of any pandemic response vaccination campaign. We urge the committee to support, maintain and leverage existing immunization frameworks and funding to ensure that our nation is fully prepared to respond to the disease outbreak, regardless of whether it is a common or routine infectious disease or an emerging pathogen.

**Strengthening Public health Infrastructure** – in addition to the provisions included in the PREVENT Pandemics draft legislation, GSA urges the Committee to consider adding a new section 225 that authorizes additional funding to strengthen everyday immunization readiness and response in preparation for and in anticipation of future pandemic events. Neglected public health programs have worked tirelessly to protect the public from infectious disease outbreaks and

ADDITIONAL FUNDING FOR VACCINE INFRASTRUCTURE, CONFIDENCE AND AWARENESS. — there are authorized to be appropriated to the Centers for Disease Control and Prevention \$100,000,000 for each of fiscal years 2022 through 2026 for the purpose of carrying out activities to:

- i. Strengthen vaccine confidence
- ii. Strengthen routinely recommended vaccine programs; and
- iii. Improve rates of vaccination, including through activities described in section 313 of the Public Health Service Act (42 U.S.C. 245).

An awareness campaign to educate the public with respect to the safety and importance of vaccines. The amounts authorized by the preceding sentence are in addition to amounts otherwise, available for such purpose.

We request the Committee consider important vaccine legislation aimed at improving the health and wellbeing of perinatal populations and newborns. Specifically, [S. 4269, the Mothers and Newborns Success Act](#), is bipartisan legislation that seeks to reduce unacceptable rates of maternal and infant mortality among minority and medically underserved populations. Section 9 of the bill aims to expand education and outreach to promote greater awareness of the safety and effectiveness of vaccines for perinatal populations and their children. Similarly, we request the Committee to consider [H.R. 951, the Maternal Vaccinations Act of 2021](#). This bill, which passed with strong bipartisan support in the House, would create a national campaign to raise awareness about maternal vaccinations (including COVID-19) and increase maternal vaccination rates. Women from communities that historically have had low vaccination rates would be a particular focus, an important consideration as Black, Latino and Indigenous women are disproportionately impacted by both the pandemic and the nation's ongoing maternal health crisis. H.R. 951 would also provide evidence-based, culturally congruent resources, and build partnerships with key maternal and community-based organizations.

We request the Committee consider including the [Disease X Act \(S.2640\)](#) in the PREVENT Pandemics Act. The Disease X Act complements the role outlined for National Institutes of Health (NIH) **Sec. 302 and Sec. 303** in the discussion draft and ensures that the discovery and preclinical research funded by the NIH would be picked up by a dedicated, flexible advanced development program and strategy at Biomedical Advanced Research and Development Authority (BARDA). Without this added component, we risk having vaccine, therapeutic and diagnostic medical countermeasures candidates stuck in preclinical development with no pathway to commercialization, since there is no commercial market for these products in advance of an outbreak.

We request the Committee consider inclusion of the [PASTEUR Act \(S. 2076\)](#) in the PREVENT Pandemics Act. This complements efforts outlined in **Sec. 501, Advancing qualified infectious disease product innovation**. Combating antibiotic resistance is central to strengthening our pandemic preparedness, and resistant infections have complicated our response to COVID-19. A large [study](#) of 148 hospitals across 17 states found that COVID-19 surges negatively impact rates of antibiotic-resistant infections. Specifically, from March-September 2020, the study found a 24% increase in hospital-onset multidrug-resistant infections. More broadly, outside of the context of COVID, any event involving mass hospitalizations and especially high levels of ventilator use, would carry a significant risk of secondary infections, particularly for patients with weakened immune systems. For example, CDC found that secondary infections claimed between 29%-55% of the 300,000 lives lost during the 2009 H1N1 pandemic. Also, while COVID-19 was a viral public health emergency, the next pandemic could be bacterial or fungal in nature, and we are woefully unprepared. The bipartisan PASTEUR Act offers an innovative solution to antimicrobial resistance challenges. First, the bill would create a subscription model for novel antibiotics through which the federal government may enter into contracts with novel antibiotic developers and pay a set fee for a supply of novel antibiotics regardless of the quantity of antibiotics used. This approach pays for value over volume and provides antibiotic developers with the predictable return on investment needed to fuel innovation. Second, the PASTEUR Act would establish a grant program to support antibiotic stewardship programs in hospitals, with priority given to rural, critical access and safety-net hospitals. These programs are highly effective at optimizing antibiotic use, reducing resistance, and improving patient outcomes, yet they are typically under-resourced. During the COVID-19 pandemic, stewardship programs also took on the responsibility of managing the complex administration of COVID-19 therapeutics.

We understand that the Committee is also considering including proposals that seek to strengthen and support cutting-edge biomedical advanced research such as the **Advanced Research Projects Agency for Health (ARPA-H)**. GSA supports and applauds the bold steps of creating ARPA-H and believes it will complement the established biomedical research community. We are pleased to see the recognition of the importance of a strong relationship between the current research ecosystem and the enterprising opportunities that exist with ARPA-H. As GSA imagines the opportunities to catalyze new approaches to solve the vexing challenges of today, we think of the intersection of aging and chronic disease.

Most biomedical research and practice focuses on treating a single disease. While this “disease first” approach is important on an individual level, it is inefficient on a population level. As noted in a recent issue of [GSA’s Public Policy and Aging Report](#), the impacts on life and health expectancies from targeting [aging](#) are much greater than waiting until people get sick and trying to cure or ameliorate their individual diseases.<sup>ii</sup>

To truly transform health, GSA recommends ARPA-H embrace a geroscience approach. Geroscience seeks to understand the fundamental aging process and how it contributes to the many chronic diseases that accompany older ages. Age is the greatest risk factor for most chronic diseases. Developing new insights into the biology of aging, and developing related applications, holds the promise of preventing the onset of multiple chronic diseases simultaneously. Fortunately, current geroscience research provides many opportunities to be exploited.

While ARPA-H emphasizes “biomedical breakthroughs,” GSA believes it is essential to be inclusive of opportunities available through the behavioral sciences. GSA recommends ARPA-H embrace and pursue solutions driven by new insights derived from the behavioral and social sciences. Transforming health

through breakthroughs in these arenas may provide rapidly scalable innovations and advance health equity.

As ARPA-H moves forward, investment should not come at the cost of the existing entities conducting and supporting the research ecosystem. We are encouraged by the opportunities for a culture of collaboration envisioned for ARPA-H to include multiple government agencies and private sector partners to propel findings rapidly. Making the most of scientific breakthroughs requires coordination across regulatory and policy mechanisms, to speed application and ensure broad access. This will enable society to realize its full benefit.

We appreciate the efforts and the dedication of the Committee to take common sense steps to act on lessons learned from the recent pandemic response, recognize the potential for research to inform these activities, and ultimately strengthen our systems to support public health.

Thank you for considering our recommendations and we look forward to working with you as this legislation advances. Please do not hesitate to contact GSA Vice President of Policy and Professional Affairs, Trish D'Antonio at [pdantonio@geron.org](mailto:pdantonio@geron.org) or 202-587-5880 if we can provide further assistance.

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<sup>1</sup> <https://www.acponline.org/clinical-information/clinical-resources-products/adult-immunization/i-raise-the-rates>

<sup>ii</sup> Matt Kaeberlein, PhD, It is Time to Embrace 21<sup>st</sup>-Century Medicine, *Public Policy & Aging Report*, Volume 29, Issue 4, 2019, Pages 111–115, <https://doi.org/10.1093/ppar/prz022>