

May 13, 2009

The Honorable Richard Durbin  
United States Senate  
Washington, DC 20510

The Honorable Lois Capps  
United States House of Representatives  
Washington, DC 20515

The undersigned organizations write in support of your introduction of the Public Health Emergency Response Act (PHERA, S. 957/H.R. 2231).

The recent human outbreak of H1N1 influenza A has illustrated that the U.S. has made great strides in preparing for a pandemic, but we have a long way to go in preparing our health system for an influx of patients. One of the major questions the outbreak has raised is whether our pandemic planning appropriately takes into account the contingency for treating large numbers of uninsured patients. If the H1N1 flu virus or another strain of flu becomes a pandemic before we have achieved universal insurance coverage in this country, then our health system could face overwhelming financial losses due to the costs of uncompensated care. Further, millions of uninsured Americans could delay or forego treatment for fear of expensive out-of-pocket costs. It is imperative that, in the event of an infectious disease epidemic, all Americans have access to treatment as quickly as possible to save lives and stem the spread of the disease, regardless of their insurance status.

We applaud the introduction of your legislation that would address both the public health security and healthcare system needs. Specifically, PHERA would provide a temporary emergency health benefit for uninsured individuals and individuals whose health insurance coverage is not actuarially equivalent to benchmark coverage, in the event that the Secretary of Health and Human Services (HHS) declares that a public health emergency exists and activates the benefit. It would clarify who is eligible for the benefit, including individuals displaced by a public health emergency, limit the amount of time for which the benefit would last, and stipulate what providers would be covered under this Act.

Following Hurricanes Katrina and Rita, Congress ultimately approved \$2.1 billion for grants to certain states to cover the Medicaid and SCHIP matching requirements for individuals enrolled in these programs, and the cost of uncompensated care for the uninsured. However, it took six months for Congress to pass the Deficit Reduction Act, which provided for these funds. This unnecessary delay could have been prevented. PHERA would provide a framework for providing reimbursement for uncompensated care in the event of a major public health emergency, such as a natural disaster, infectious disease outbreak or bioterror attack.

The temporary benefit established through this bill would remove a disincentive for uninsured individuals to promptly seek medical care. Any delay in seeking care could result in lives lost, particularly during an infectious disease outbreak when immediate identification and isolation are very important, and delay in seeking care could also

render treatment ineffective. By helping to reduce the burden of uncompensated care, PHERA would help ensure the solvency and continuity of our health care system during a catastrophic emergency.

PHERA would help ensure that when tragedy strikes, time and lives are not lost as Congress debates a course of action. It would create the turn-key process ahead of time, thereby allowing for timely care to individuals affected by a crisis.

We appreciate your leadership in introducing this legislation and look forward to working with you on this and other public health initiatives in the future.

Sincerely,

3-V Biosciences, Inc.  
American Public Health Association  
American Red Cross  
Breathe Technologies, Inc.  
Center for Biosecurity, University of Pittsburgh Medical Center  
Center for Infectious Disease Research & Policy, University of Minnesota  
Children's Defense Fund  
HX Diagnostics, Inc.  
Infectious Diseases Society of America  
International Association of EMS Chiefs  
National Center for Disaster Preparedness, Columbia University's Mailman School of  
Public Health  
National Emergency Medical Services Labor Alliance  
Novartis Vaccines and Diagnostics, Inc.  
Novavax, Inc.  
Partnership for Prevention  
The Society for Healthcare Epidemiology of America  
Trust for America's Health  
United American Nurse, AFL-CIO