March 23, 2016

The Honorable Roy Blunt U.S. Senate 260 Russell Senate Office Building Washington, D.C. 20510

The Honorable Tom Cole U.S. House of Representatives 2467 Rayburn Office Building Washington, D.C. 20515 The Honorable Patty Murray U.S. Senate 154 Russell Senate Office Building Washington, D.C. 20510

The Honorable Rosa DeLauro U.S. House of Representatives 2413 Rayburn Office Building Washington, D.C. 20515

Dear Senators Blunt and Murray and Representatives Cole and DeLauro,

On behalf of the undersigned organizations, who have joined together as an informal coalition on biodefense and public health preparedness, we write in support of ff being unprepared are severe. pretenting for the preparedness and the global community from health security threats must be robust and consistent. It is simply too late to respond after an outbreak or attack.

The organizations signed below support the inclusion of the following funding levels in any final version of the FY 2017 Labor, Health and Human Services and Education Appropriations bill:

\$675 million for Centers for Disease Control and Prevention (CDC)'s **Public Health Emergency Preparedness** Grants to improve preparedness at public health departments. (*\$660* million was included in the President's Budget.)

\$575 million for CDC's **Strategic National Stockpile** for purchasing and distributing large quantities of essential FDA-approved medications and other medical supplies to states and communities during an emergency. (\$575 million was included in the President's Budget.)

\$300 million for Assistant Secretary for Preparedness and Response (ASPR)'s **Hospital Preparedness Program** grants to improve preparedness among local healthcare coalitions. (*\$255 million was included in the President's Budget*.)

\$607 million for ASPR's **Biomedical Advanced Research Development Authority** (**BARDA**) for advanced development of medical countermeasures (MCMs). (*\$512* million was included in the President's Budget.)

\$560 million for the ASPR's **Project BioShield Special Reserve Fund** for procurement of MCMs for emergency use. (\$350 million was included in the President's Budget.)

The **Project BioShield Special Reserve Fund (SRF)** represents the only market for many MCMs that are not yet approved by the FDA. Robust funding is needed in FY 2017 to purchase the MCMs needed to fill our preparedness gaps for CBRN threats, and demonstrate the U.S. government's commitment to this public-private partnership. Established by Congress in 2004, the SRF was originally funded through an appropriation of \$5.6 billion over 10 years, which successfully spurred the development and procurement of more than 50 million doses of vaccines and drugs against anthrax, smallpox, botulinum toxin, and radiological threats. However, those funds expired at the end of 2013 and the program is now dependent on the annual appropriations process. In FY 2014 and FY 2015, only \$255 million was appropriated for the SRF. While we were encouraged by the \$510 million provided by Congress in FY 2016, there remains a substantial shortfall of \$600 million to \$1 billion under the level authorized by the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA, P.L. 113-5)—\$2.8 billion for FY 2014-2018.

Similarly, since the expiry of emergency supplemental funding, the ASPR's **Pandemic Influenza** program has been woefully underfunded, with \$115 million appropriated in FY 2014 and \$72 million in both FY 2015 and FY 2016. Influenza is a constantly evolving threat that circulates around the globe throughout each year. To ensure our nation can respond immediately to an influenza pandemic of today and to influenza pandemics of the future, this program must be appropriately funded so as to: (1) advance research and development of next-generation influenza technologies, (2) maintain and test critical domestic manufacturing infrastructure to support surge requirements for pandemic flu vaccines, and (3) replenish stockpiles and manage the lifecycle of influenza vaccines and antivirals to address current threats.

Thank you for consideration of these requests. If you should have any questions please contact any of the following individuals:

- Maureen Hardwick, Alliance for Biosecurity (202-230-5133, maureen.hardwick@dbr.com)
- Tamar Magarik Haro, American Academy of Pediatrics (202-347-8600, tharo@aap.org)
- Tracey LaTurner, Biotechnology Innovation Organization (202-962-6696, <u>tlaturner@bio.org</u>)
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