

**PARAGON**



HEALTH INSTITUTE

**CONGRESSIONAL  
HEALTH POLICY  
EDUCATION PROGRAM**

# PARAGON



## HEALTH INSTITUTE

CDC Reform and PAHPA

July 24, 2023

# Agenda

**1. Historical Context**

**2. PAHPA**

**3. The Path to CDC Reform**

**4. Audience Q&A**

# Agenda

1. Historical Context

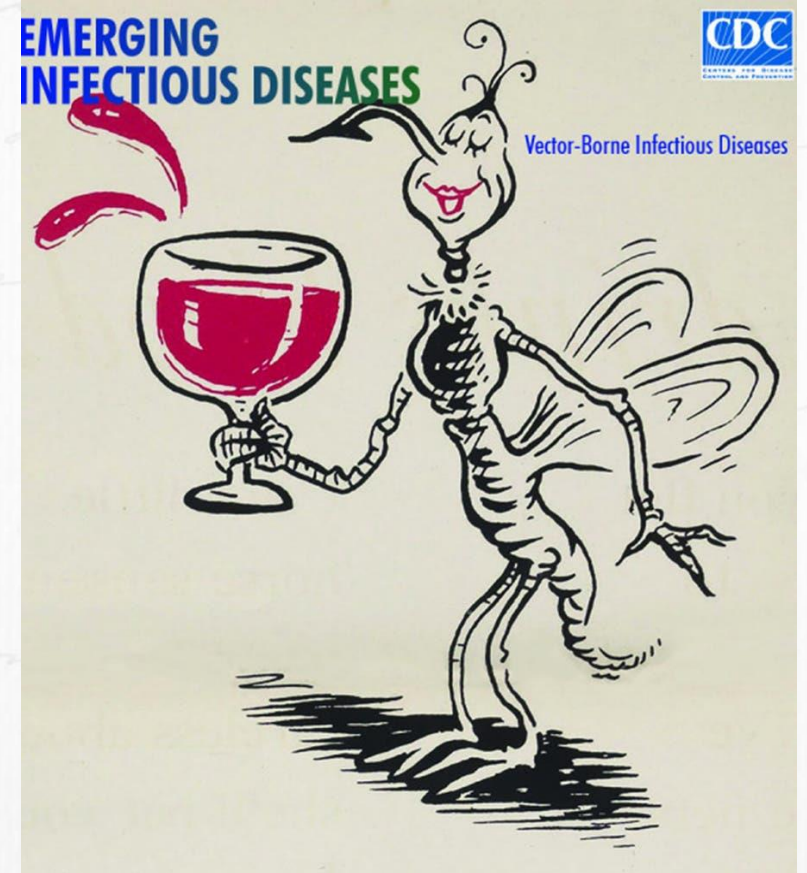
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# Roots of the CDC

- Established as the Communicable Disease Center **by executive action on July 1, 1946**
- \$10 million original budget with fewer than 400 employees
- **Original Mission** was to diagnose and control communicable diseases through the application of epidemiological science and, with that goal in mind, to **serve the states with “training, investigations, and control technology”** and surveillance of disease-related threats



# Early Successes



# Expansion

**“The Surgeon General  
shall go forth and do  
good.”**

-Bill Watson, former Deputy Director of the CDC

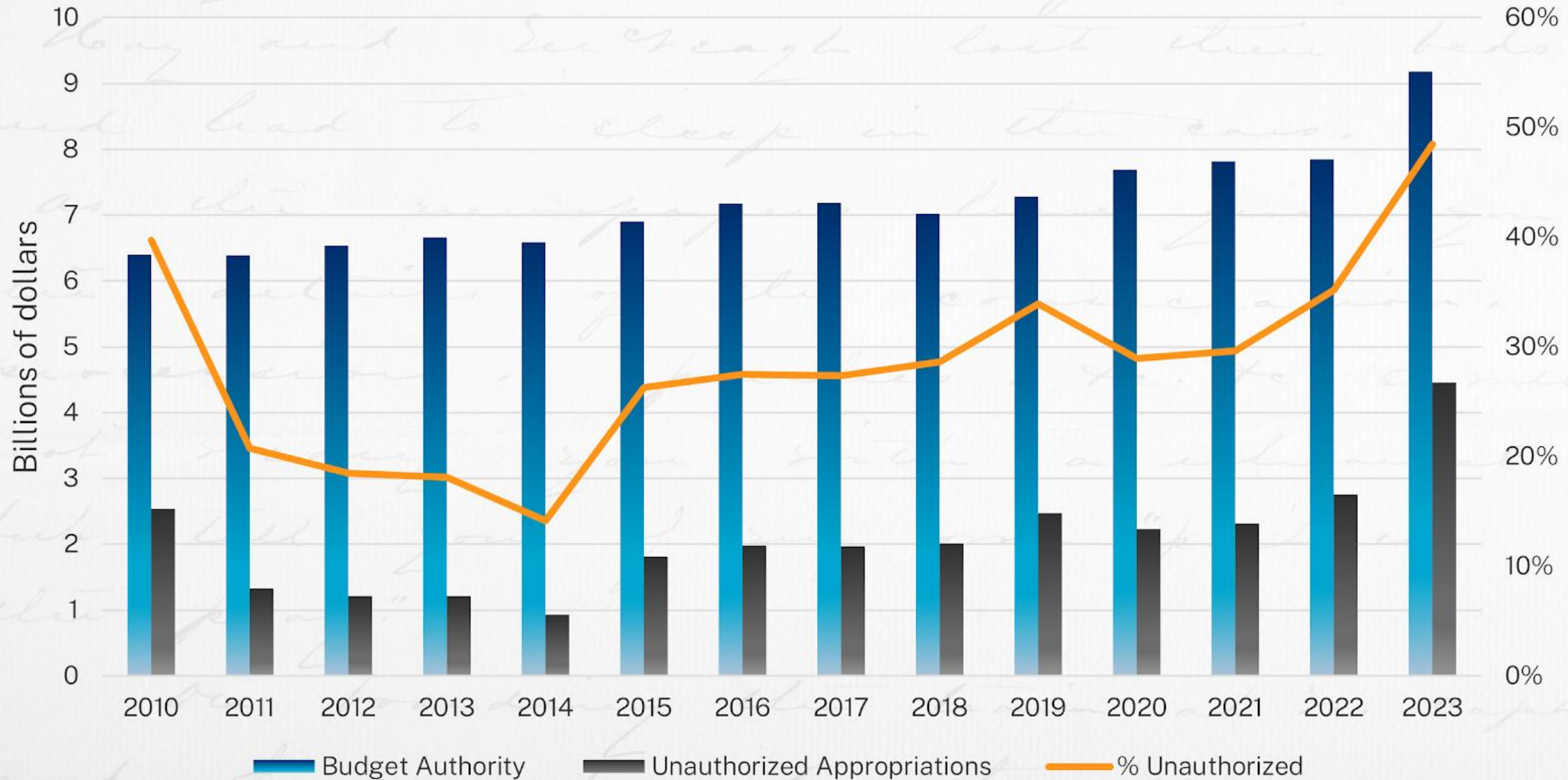
# Expansion from the Executive Branch

- Unlike other significant agencies, **Congress has never authorized the CDC**
  - There is no single enabling statute that defines the agency's mission and structure
  - Only 3 of the 12 CDC centers and institutes are authorized by Congress
- **Outsized role of Appropriations**
  - “If you wanted anything done, you touched the four bases.”
  - Surgeon General, Rep. John Fogarty, Sen. Lister Hill, Mary Lasker
- **Expansion through the Executive Branch**





# Unauthorized CDC Appropriations by Year



# Expansion from the Executive Branch

- 1957 – PHS transfers the Venereal Disease Division to the CDC. At the time, the division had a greater budget and nearly equal staff to that of the CDC. It also gave the agency grant making functions for the first time.
- 1961 – The National Office of Vital Statistics (NOVS) was moved to the CDC and with it, the *Morbidity and Mortality Weekly Report*.
- 1964 – The CDC, through its Epidemic Intelligence Service (EIS) and Alexander Langmuir, add family planning to its purview.
- 1967 – PHS transfers the Foreign Quarantine Service to the CDC, officially *expanding the agency authority abroad*.
- 1968 – The National Communicable Disease Center (as it was renamed for three years beginning in 1967) is elevated to a bureau within the PHS.

# Expansion from the Executive Branch

- 1970 – Nutrition Program is transferred to the CDC, expanding the agencies purview beyond communicable and infectious diseases.
- 1973 – National Institute for Occupational Safety and Health (NIOSH) is transferred to the CDC.
- 1975 – The Chronic Disease Division is established at the CDC to target cancer, birth defects, and environmental health issues

# Expansion by Design

**“Once it is established,  
bureaucracy is among  
those social structures  
which is hardest to  
destroy”**

– Max Weber, *On Charisma and Institution Building*

# 2005 CDC Reform Effort

- **2005 Geberding “Matrix” Reform**
  - Effort to unsilo CDC after shortcomings exposed in early 2000s
  - Entirely stemmed from executive branch
- **Pushback from CDC civil service**
  - Cdcchatter.net and retirement threats
- **Pushback from industry and Congress and ultimate failure**
  - Industry pushback to demoting NIOSH
  - Appropriations involvement

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# Historical Context

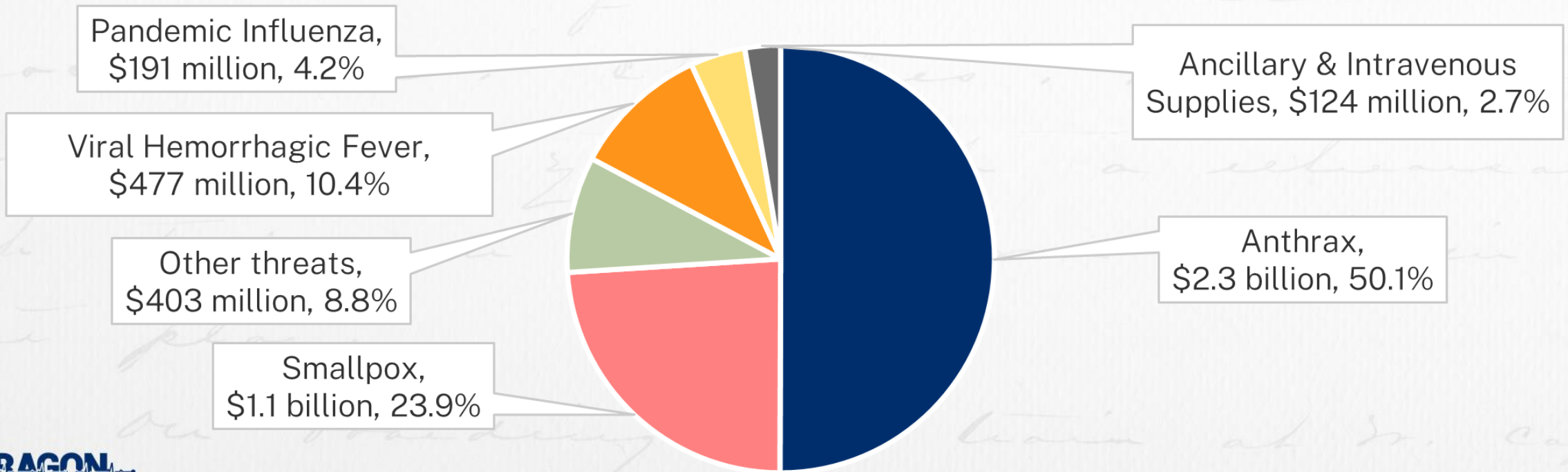
- **PAHPA originally Passed in 2006**

- Authorized largely in response to 9/11, 2001 anthrax scare, and Hurricane Katrina to deal with **emerging 21<sup>st</sup> century threats**.

- **Reauthorized in 2013 and 2019**

- Typically passed with broad bipartisan support.
- In 2013, the House passed the reauthorized PAHPA by a **vote of 370-28** while the Senate passed the law by **unanimous consent**. In 2019, the bill passed both houses of Congress by **voice vote**

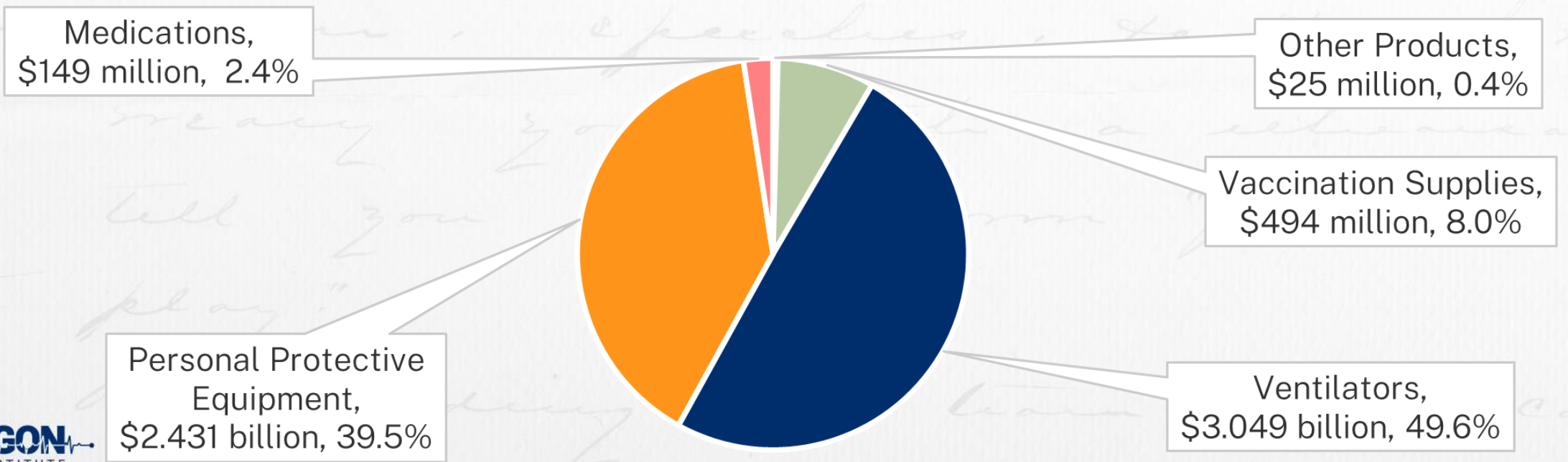
## Obligations from Non Covid-19 Appropriations for Strategic National Stockpile from Fiscal Years 2015 Through 2021





# SNS

## Obligations Using COVID-19 Relief Funds for COVID-19 Supplies Delivered to the Strategic National Stockpile, Fiscal Years 2020 and 2021



# What does PAHPA Authorize?

- **ASPR**

- Coordinates the nation's medical and public health readiness and response for disasters and PHEs

- **BARDA**

- Uses a **public-private partnership** model to incentivize the advanced research & development of medical countermeasures

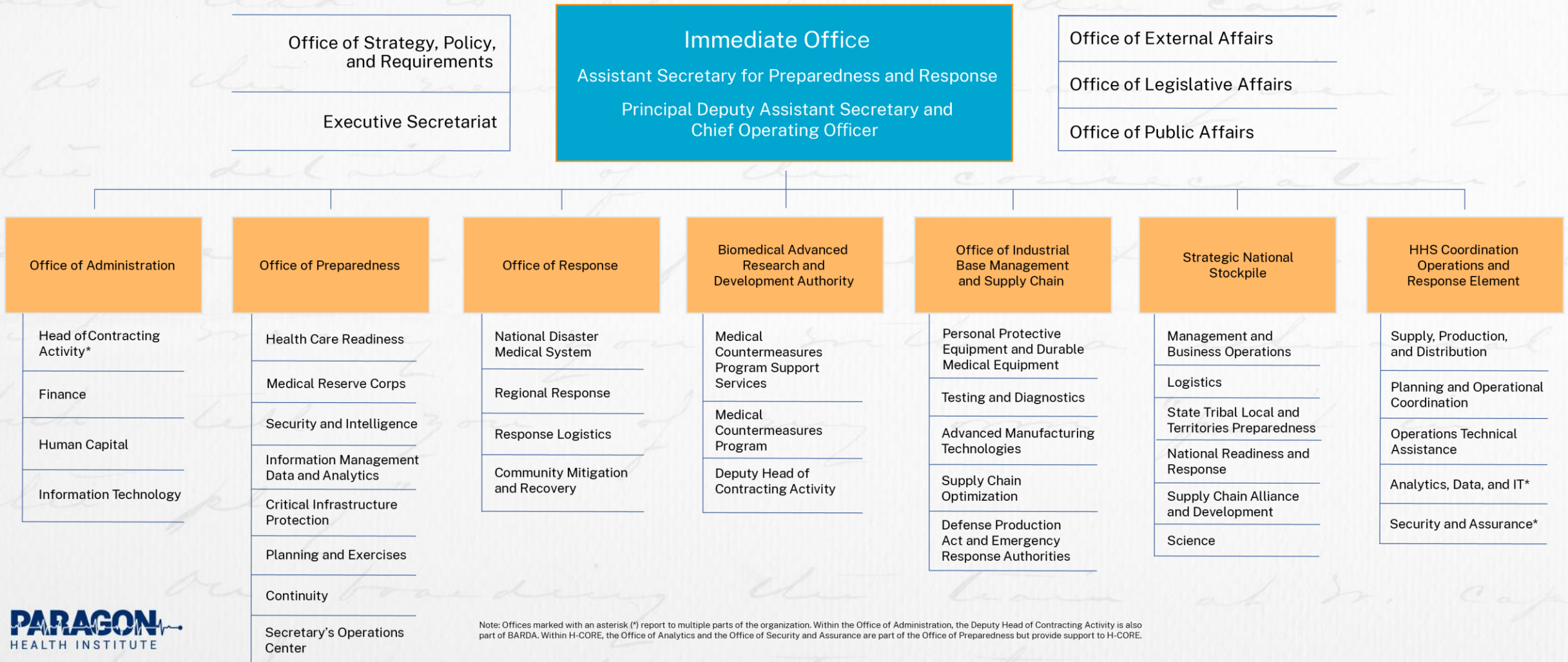
- **SNS**

- Acquires, maintains, and deploys medical countermeasures to states, local, tribal, and territorial partners.

- **Other funding mechanisms**

- Project BioShield, Public Health Emergency Preparedness cooperative agreements (CDC/PHEP), Hospital Preparedness Program (ASPR/HPP).

# Department of Health and Human Services Administration for Strategic Preparedness and Response (ASPR)



Note: Offices marked with an asterisk (\*) report to multiple parts of the organization. Within the Office of Administration, the Deputy Head of Contracting Activity is also part of BARDA. Within H-CORE, the Office of Analytics and the Office of Security and Assurance are part of the Office of Preparedness but provide support to H-CORE.

# ASPR

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- Now the Administration for Strategic Preparedness and Response
  - Elevated to an **operating division from a staff division**
- Oversees 7 offices
  - Including BARDA, SNS, NDMS, leads PHEMCE, and manages HPP
- White House Office of Pandemic Preparedness and Response Policy
  - Office created by PREVENT Pandemics Act (P.L. 117-328)

# Current Issues in Congress

- What is the Scope?
  - Disagreements over whether to include policies to address **drug shortages** have clouded the path forward
  - Senate includes potential compromise
  - Broader public health reform?
- Funding levels
  - Both bills leave funding levels relatively flat, with **Senate language including increases** to some programs including PHEP Cooperative agreements and the SNS

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# Mission Creep

- **CDC priorities now include:**

- “The public health consequences of the climate crisis,”
- “Reducing racial disparities in public health,”
- “Addressing “the social determinants of health, conditions in the places where people live, learn, work, and play” and
- “Increases in injury and violence prevention programs that will help to address the growing crisis of domestic, sexual, and gun violence.”

# Mission Creep

- **At the expense of infectious disease control**
  - Eight percent of the CDC's workforce is engaged in traditional efforts related to identifying and controlling contagious biological threats.
  - “The public most closely associates the CDC with epidemic control, but its more than 10,000 employees work on a wide range of issues including preventing nontransmissible diseases such as cancer, heart disease and diabetes; protecting the public from environmental health threats; thwarting injuries and violence; and safeguarding children's health.” – Lena Sun, *Washington Post*



# Duplication

- **National Center for Chronic Disease Prevention and Health Promotion**
  - Duplicated by: multiple **NIH Institutes**, Center for Nutrition Policy and Promotion, **FDA Center for Tobacco Products**, President's Council on Sports, **Fitness and Nutrition**
- **National Center for Injury Prevention and Control**
  - Duplicated by: multiple **NIH Institutes**, NHTSA, **Consumer Product Safety Commission**, SAMHSA
- **National Institute for Occupational Safety and Health**
  - Duplicated by OSHA
- **Community Preventive Services Task Force**
  - Duplicated by: **Agency for Healthcare Research and Quality**

# Failures During COVID

- Data failures
- Testing capabilities
- Faulty science
- Lack of focus
- Communications errors

# Fixing the CDC

- **Comprehensive, center-by-center authorization of the CDC**

- Address current dependence on the appropriations process, which is too haphazard and lacking in accountability to ensure the agency is performing its vital functions

- **Return to Core Mission**

- Shift off-mission programs to other agencies, such as Office of the Assistant Secretary for Health's Office of Disease Prevention and Health Promotion and the Agency for Health Research and Quality
- Restore the agency's original emphasis on service to the states

- **Ensure sound science**

- Strengthen the CDC's guidance procedures.

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