

February 4, 2022

The Honorable Patty Murray
Chair, Senate Committee on
Health, Education Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member, Senate Committee on
Health, Education Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr:

On behalf of our 162,000 members, we are pleased to comment on the discussion draft of the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act). This bill would leverage best practices and lessons from the COVID-19 pandemic to enhance the nation's response to future public health emergencies.

The most glaring oversight in the federal response to COVID-19—and one we hope you will correct in this bill—is the extent to which dentistry had to fight to be recognized as a viable resource in expanding the nation's medical surge capacity. We therefore ask that dentists be identified by name—alongside physicians—as essential members of any planning and decision making bodies.

Early in the pandemic, for example, federal officials granted temporary authority for pharmacists to order and administer FDA-approved COVID-19 tests.¹ Despite considerable effort on our part—and despite at least 24 states² and the District of Columbia eventually approving dentists to do the same—the Department of Health and Human Services has never granted authority for dentists to administer these tests.

We do not believe the Department intended to exclude any qualified providers from being able to administer these tests. It is simply our experience that being at the table early on—and being there in a codified way—can prevent these missed opportunities from happening.

We are grateful that the PREP Act was eventually amended to authorize dentists to administer the COVID-19 vaccines nationwide.³ We are also grateful that the Centers for Disease Control and Prevention recommended that dental personnel be placed in Tier 1 of critical workers who should be given immediate access to the initial limited supply of the COVID-19 vaccine.⁴ Unfortunately, we are not convinced either action would have been obvious without our advocacy.

The Pandemic and All-Hazards Preparedness Act⁵ and the Federal Emergency Management Agency's National Response Framework⁶ both recognize dentistry as a vital medical countermeasure. Having dentistry at the planning table early on—and being there in a codified way—will help ensure this vital national resource will not be overlooked. We hope that will be reflected in the final bill.

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Thank you for providing us the opportunity to comment. We applaud you for crafting this needed legislation and welcome the opportunity to be part of its development. If you have any questions, please contact Ms. Natalie Hales at 202-898-2404 or halesn@ada.org.

Sincerely,

/s/

Cesar R. Sabates, D.D.S.
President

/s/

Raymond A. Cohlma, D.D.S.
Executive Director

CRS:RAC:rjb
Enclosure

¹ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Guidance for Licensed Pharmacists, COVID-19 Testing, and Immunity under the PREP Act (April 8, 2020).

² As of Feb. 8, 2021, Arizona, California, Connecticut, Florida, Georgia, Idaho, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Carolina, Oklahoma, Oregon, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wisconsin, and the District of Columbia have allowed dentists to order and/or administer FDA-approved COVID-19 tests.

³ Seventh Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19, 86 Fed. Reg. 14462 (March 16, 2021).

⁴ Centers for Disease Control and Prevention, COVID-19 Vaccination Playbook for Jurisdictional Operations (January 2021, Version 1.0) and Centers for Disease Control and Prevention, Categories of Essential Workers: COVID-19 Vaccination (January 11, 2021).

⁵ 42 U.S.C. 300hh-1 and 42 U.S.C. 247d-6.

⁶ National Response Framework, Emergency Support Function #8 – Public Health and Medical Services Annex, Federal Emergency Management Agency (June 2016).

Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act Discussion Draft

February 4, 2022

TITLE I—STRENGTHENING FEDERAL AND STATE PREPAREDNESS	
<i>Subtitle A – Federal Leadership and Accountability</i>	
<p>Sec.101. Comprehensive review of the COVID–19 response.</p> <ul style="list-style-type: none"> • Establishes a Task Force with membership appointed by bipartisan Congressional and Committee leadership to examine the initial emergence of SARS-CoV-2 and to examine and assess the United States’ preparedness for and response to the COVID-19 pandemic, including the initial and ongoing Federal, state, and local responses to COVID-19 to identify gaps and make recommendations to the President and Congress. • Requires the submission of an interim report within 180 days of enactment and a final report to be submitted within one year, with an optional extension of an additional six months. 	<p>We would reiterate from our cover letter the need for dentists be involved—and identified <i>by name</i> alongside physicians—as essential members of any planning and decision making bodies.</p> <p>While it is commendable that these types of Task Forces typically seek public input, being at the table early on—and being there in a <i>codified</i> way—can help prevent missed opportunities.</p> <p>Note that the Pandemic and All-Hazards Preparedness Act¹ and the Federal Emergency Management Agency’s National Response Framework² both identify dentistry <i>by name</i> as a vital medical countermeasure. Having dentistry at the planning table early on—and being there in a <i>codified</i> way—will help ensure this vital national resource is not overlooked.</p>
<p>Sec.102. Appointment and authority of the Director of the Centers for Disease Control and Prevention.</p> <ul style="list-style-type: none"> • Requires Senate confirmation of the CDC Director and establishes specific functions of the Director. • Requires an agency-wide strategic plan to be developed every four years that describes CDC’s priorities and objectives, the capabilities that need to be developed to achieve these objectives, and how CDC will leverage strategic communications, external partnerships, and coordination with other agencies. • Requires a GAO study on how CDC’s programs and activities align with the strategic plan and progress in achieving performance measures. 	<p>We have no position on making the Centers for Disease Control and Prevention director a confirmable position. This is already the case with the director of the National Institutes of Health. However, we do have concerns about keeping political influence out of scientific decision making.</p> <p>Once this bill is introduced, we hope you will hold a hearing to inform how to appropriately distinguish scientific advice from political decision making.</p>

<ul style="list-style-type: none"> Requires the CDC Director to appear annually before the HELP and Energy and Commerce Committees, unless this requirement is waived by the Chair. 	
<p>Sec.103. Public health and medical preparedness and response coordination.</p> <ul style="list-style-type: none"> Provides additional authority for the Secretary of HHS to coordinate with, and request support from, other departments and agencies in leading the Federal public health and medical response to a public health emergency and includes a GAO study on the use of existing authorities for related interagency agreements. Clarifies ASPR's role and responsibilities in public health and medical preparedness and response activities. Requires national- and state-level full-scale exercises every five years to identify and address gaps in preparedness and response, including the ability of SNS to appropriately support the response to a large-scale, long-term public health emergency. Requires the ASPR to appear annually before the HELP and Energy and Commerce Committees, unless this requirement is waived by the Chair. Requires HHS to submit an annual report to Congress on the state of public health preparedness. 	<p>We would reiterate from our cover letter the need for dentists be involved—and identified <i>by name</i> alongside physicians—as essential members of any planning and decision making bodies.</p> <p>While it is commendable that these types of Task Forces typically seek public input, being at the table early on—and being there in a <i>codified way</i>—can help prevent missed opportunities.</p> <p>Note that the Pandemic and All-Hazards Preparedness Act¹ and the Federal Emergency Management Agency's National Response Framework² both identify dentistry <i>by name</i> as a vital medical countermeasure. Having dentistry at the planning table early on—and being there in a <i>codified way</i>—will help ensure this vital national resource is not overlooked.</p>
<p><i>Subtitle B – State and Local Readiness</i></p>	
<p>Sec.112. Supporting access to mental health and substance use disorder services during public health emergencies.</p> <ul style="list-style-type: none"> Directs the Substance Abuse and Mental Health Services Administration (SAMHSA) to support continued access to mental health and substance use disorder services during public health emergencies. Requires SAMHSA's Strategic Plan and Biennial Report to Congress to include the agency's activities to support continued 	<p>The ADA hopes that the Substance Abuse and Mental Health Services Administration will consider engaging dentists in its activities.</p> <p>The ADA and the American Dental Hygienists Association have co-authored an article exploring dentists' and dental hygienists' mental health status during the pandemic. The authors are now revising their manuscript to meet the requirements for both associations' journals.</p>

<p>access to mental health and substance use disorder services during public health emergencies, including for at-risk individuals.</p> <ul style="list-style-type: none"> • Requires the Assistant Secretary to submit a report to Congress, based on feedback from SAMHSA’s advisory councils, describing steps SAMHSA can take to (1) improve the provision of mental health and substance use disorder services as part of the medical response to a public health emergency and (2) improve the provision of such services during public health emergencies. • Requires GAO to report on SAMHSA’s work during the COVID-19 pandemic. 	<p>The ADA is also a sub-grantee for SAMHSA’s Providers Clinical Support System project. The funds enable the ADA to produce free continuing education webinars on ways to manage dental pain without opioid analgesics, screen patients for potential substance use disorders, and motivate at-risk individuals to seek appropriate substance abuse treatment.</p>
<p>Sec.113. Trauma care reauthorization.</p> <ul style="list-style-type: none"> • Reauthorizes two grant programs to improve the provision of trauma care, including in rural areas, by increasing coordination and situational awareness within emergency medical and trauma systems and identifying and disseminating best practices. • Directs ASPR to support the improvement and coordination of emergency medical services and trauma care during a public health emergency, which may include issuing guidance for patient movement and triage and disseminating best practices and related information. 	<p>We hope this bill will include an opportunity to fund studies examining ways to stop recurring visits to overwhelmed emergency departments to relieve orofacial pain.</p> <p>The ADA is working with American College of Emergency Physicians to implement programs for moving patients with dental-related pain from the emergency department to the dental chair.</p> <p>By connecting patients with comprehensive dental care—and treating the underlying cause of their dental pain—these programs can reduce cyclical visits to overwhelmed emergency departments by patients seeking treatment for the same dental problem.</p> <p>These programs are particularly relevant for patients seeking opioid pain relievers for recurring dental pain.</p>
<p>TITLE II—IMPROVING PUBLIC HEALTH PREPAREDNESS AND RESPONSE CAPACITY</p>	
<p><i>Subtitle A – Addressing Disparities and Improving Public Health Emergency Responses</i></p>	
<p>Sec.201. Addressing social determinants of health and improving health outcomes.</p> <ul style="list-style-type: none"> • Authorizes a grant program to support evidence-based or evidence-informed projects to reduce health disparities and improve health outcomes by increasing capacity to address social determinants of health within communities, such as through disseminating strategies to address social determinant of health, 	<p>The ADA’s Health Policy Institute and Science Research Institute stand ready to furnish data on social determinants of oral health, oral health literacy, access to dental care, and oral health outcomes.</p>

<p>ways to use technology to improve coordination with social services, and implementing best practices for improving health outcomes.</p> <ul style="list-style-type: none"> • Authorizes grants to identify or facilitate the development of best practices to support improved health outcomes by addressing social determinants of health; provide technical assistance, training, and evaluation assistance to health departments; or establish or operate regional centers to develop, evaluate, and disseminate effective strategies to address social determinants of health. • Requires the Secretary to submit a report to Congress on activities funded. • Requires a GAO study on the outcomes and effectiveness of this program and coordination with related HHS programs. 	
<p>Sec.202. National Academies of Sciences report.</p> <ul style="list-style-type: none"> • Requires a National Academies of Sciences, Engineering, and Medicine (or “Academies”) study on the effects of health disparities on health outcomes, including related to public health emergencies. • Clarifies that the Academies may leverage relevant ongoing work to complete these requirements. 	<p>The ADA’s Health Policy Institute and Science Research Institute stand ready to furnish data on the relationship between public health emergencies and oral health status.</p>
<p><i>Subtitle C – Revitalizing the Public Health Workforce</i></p>	
<p>Sec. 221. Improving recruitment and retention of the frontline public health workforce.</p> <ul style="list-style-type: none"> • Reauthorizes the Public Health Workforce Loan Repayment Program to provide loan repayment to individuals in exchange for working in a State, Territorial, Tribal, or local public health department. • Requires GAO to conduct an evaluation of the public health workforce in the U.S. during the COVID-19 pandemic. 	<p>The ADA applauds the intent of this section, but urges you to incorporate language from a similar bill. H.R. 5602, the Bolstering Infectious Outbreaks Preparedness Workforce Act of 2021, would provide student loan repayment clinicians who spend at least 50 percent of their time engaged in bio-preparedness and response activities or providing infectious disease care in medically underserved communities and federally funded facilities.</p> <p>We hope the GAO will examine ways to expand the use of the dental public health workforce in its study.</p>

<p>Sec.222. Awards to support community health workers and community health.</p> <ul style="list-style-type: none"> • Reauthorizes a community health worker program to promote healthy behaviors and outcomes in medically underserved communities through the use of community health workers. • Directs funds to be used to recruit, hire, and train community health workers; support community health workers in providing education and outreach in their communities; address social determinants of health and eliminate health disparities; and to educate community members. • Requires GAO to submit a report to Congress on the outcomes and effectiveness of the program, as well as coordination with programs operated by HRSA. 	<p>The ADA strongly supports efforts to expand the use of Community Dental Health Coordinators.</p> <p>In 2006, the ADA established the CDHC pilot program as a vehicle to connect individuals with a dental home where they can receive regular dental care and enjoy optimal oral health.</p> <p>CDHCs are generally trained at community colleges and health centers using an ADA-developed curriculum. They coordinate care and manage cases; build bridges from the community to the dental clinic by addressing social determinants of health; improve continuity of care; resolve barriers to care such as transportation, housing and language; and enhance the health literacy of patients.</p> <p>We hope the Committee can find a way to examine the full impact of these essential community health workers by funding the grants authorized by the Action for Dental Health Act of 2018 (Pub. L. 115-302).</p>
<p>Sec.223. Improving public health emergency response capacity.</p> <ul style="list-style-type: none"> • Improves HHS' ability to quickly mount an initial response to a public health emergency by allowing the Secretary to directly appoint up to [250] individuals per year in which there is a declared public health emergency to preparedness and response positions within HHS. • Requires an annual report to Congress and a GAO study on the use of this authority. 	<p>Again, we would reiterate from our cover letter the need for dentists be involved—and identified <i>by name</i> alongside physicians—as essential members of any planning and decision making bodies.</p> <p>While it is commendable that these types of Task Forces typically seek public input, being at the table early on—and being there in a <i>codified</i> way—can help prevent missed opportunities.</p> <p>Note that the Pandemic and All-Hazards Preparedness Act¹ and the Federal Emergency Management Agency's National Response Framework² both identify dentistry <i>by name</i> as a vital medical countermeasure. Having dentistry at the planning table early on—and being there in a <i>codified</i> way—will help ensure this vital national resource is not overlooked.</p>
<p><i>Subtitle D – Improving Public Health Responses</i></p>	
<p>Sec.231. Centers for public health preparedness and response.</p>	<p>The ADA supports continuing the Centers for Public Health Preparedness and Response program. We hope the Committee</p>

<ul style="list-style-type: none"> • Reauthorizes a network of Centers for Public Health Preparedness and Response to: <ul style="list-style-type: none"> ○ translate research findings or strategies into evidence-based practices to inform preparedness and response to public health emergencies; ○ improve awareness of these practices and other relevant scientific or public health information among health care and public health professionals and the public; ○ expand activities, such as through partnerships, to improve public health preparedness and response; and ○ provide technical assistance and expertise to health departments as appropriate. 	<p>will encourage the program to elevate dentistry's profile in its activities.</p>
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¹ 42 U.S.C. 300hh-1 and 42 U.S.C. 247d-6.

² National Response Framework, Emergency Support Function #8 – Public Health and Medical Services Annex, Federal Emergency Management Agency (June 2016).