

Opening Statement of the Honorable Joseph R. Pitts
Subcommittee on Health
Markup of H.R. 3299 and H.R. 921
June 7, 2016

(As Prepared for Delivery)

Today, the Subcommittee will consider two bipartisan bills.

The first, H.R. 3299 sponsored by Reps. Brooks (IN) and Eshoo (CA), Strengthening Public Health Emergency Response Act, builds upon our previous work to modernize our biodefense systems to ensure that we are well-equipped to handle current and emerging biothreats, and was the subject of a Health Subcommittee hearing on May 19, 2016.

The second, H.R. 921, sponsored by the Vice Chairman of the Health Subcommittee, Rep. Guthrie with 159 cosponsors, Sports Medicine Licensure Clarity Act, provides clarification for purposes of medical professional liability insurance as carried by sports medicine professionals who provide certain medical services in a secondary State. This bill was the subject of a hearing before this Subcommittee last December 9, 2015.

In 2004, Congress enacted the Project Bioshield Act and later in 2006, enacted the Pandemic and All-Hazards Preparedness Act (PAHPA). In addition to establishing a strategic plan to direct research, development and procurement of medical countermeasures (MCMs), PAHPA also established the Biodefense Advanced Research and Development Authority (BARDA) within the Department of Health and Human Services. BARDA was charged with coordinating and accelerating the development of MCMs.

BARDA was created from the understanding that most MCMs needed by the nation did not yet exist and their development is a risky, expensive and lengthy process. There is no market for vaccines and therapeutics that protect against bioterror agents outside of the U.S. government.

BARDA bridges the funding gap between early-stage research and the ultimate procurement of products for the national stockpile under Project BioShield. By partnering with private industry using money from the Advanced Research and Development Fund, BARDA can reduce the development risk entailed in MCM research, thereby helping to mitigate the disincentives associated with countermeasure development, and ultimately improving our national readiness with regard to a CBRN attack.

The bill before us today reforms our nation's medical countermeasure acquisition process, incentivizes research to combat the next generation of deadly diseases, and increases accountability of preparedness spending.

Such improvements will go a long way toward helping our preparedness for future public health emergencies, such as Ebola, by creating new incentives for developing necessary medicines and vaccines and streamlining the contracting process for medical countermeasures.

When Congress created the BARDA office, we modeled the contracting authority after DARPA to ensure the office had flexibility and could operate efficiently. Incentives are necessary to attract private investment in product development. Likewise, the contracting processes must be efficient.

I want to thank the sponsors for their bipartisan work on this critical issue. I know that you are continuing to refine this legislation and addressing outstanding issues. But it is clear we agree on the goals of the legislation, and everyone is working in good faith to move this bill.

Now, a quick word about H.R. 921, the Sports Medicine Licensure Clarity Act of 2015, which was part of a Health Subcommittee hearing held last December and would clarify medical liability rules for athletic trainers and medical professionals to ensure they are properly covered by their malpractice insurance while traveling with athletic teams to other states.

This bill is supported by leading national professional and collegiate sports organizations such as NCAA, MLB and NFL. Also supporting is the American Medical Society for Sports Medicine, the National Athletic Trainers Association, the American Academy of Orthopedic Surgeons, and the Physicians Insurance Association of America.

I support each of these bills and urge their adoption by this Subcommittee.

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