American Hospital Association™
Advancing Health in America

**Washington, D.C. Office**
800 10th Street, N.W.
Two CityCenter, Suite 400
Washington, DC 20001-4956
(202) 638-1100

February 17, 2026

The Honorable Neal Dunn
U.S. House of Representatives
466 Cannon House Office Building
Washington, DC 20515

The Honorable Lori Trahan
U.S. House of Representatives
2233 Rayburn House Office Building
Washington, DC 20515

Dear Reps. Dunn and Trahan:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to comment on your request for information (RFI) on the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA).

Reauthorizing PAHPA is an opportunity to improve our nation's preparedness and response capabilities and capacities, as well as to ensure that the nation's preparedness programs are properly funded, sustained and improved.

While we have several suggestions to improve PAHPA, the three most important considerations for Congress to review are detailed in this submission.

**INCREASE AND STABILIZE FUNDING FOR THE HOSPITAL PREPAREDNESS PROGRAM**

Since 2002, the Hospital Preparedness Program (HPP) has provided critical funding and other resources to aid the health care system response to a wide range of emergencies via cooperative agreements with health departments in all states, U.S. territories and in four cities. These investments contributed to saving lives and reducing the impact of emergencies and disasters, particularly for localized events. However, the HPP's funding has not kept pace with the ever-changing and growing threats faced by hospitals, health care systems and communities. Authorized funding levels and annual appropriations for the HPP have significantly declined since the program began, from a high of $520 million in fiscal year (FY) 2003 to $240 million in the recent FY 2026 appropriations package. Sustained funding is necessary to not only restore HPP to its original capacity but also to strengthen the program to address increasing threats to the health and safety of our patients and communities.

We urge that the program's authorization and funding continue in order to help prepare and equip our nationwide health care system in advance of the growing number and scope of future disasters and public health emergencies (PHEs).

We also suggest specific changes to the program:

- Include in the HPP additional dedicated, direct-to-hospital-funding that will supplement (and not supplant) current investments. Such dedicated funding will help strengthen the program and provide resources to hospitals and health systems to improve their preparedness.
- Hospitals and hospital associations, such as academic medical centers, health systems and state and metro hospital associations, also should be permitted to compete to serve as the HPP recipient for their jurisdiction, in addition to the current state, territorial and city health department recipients.
- Allow HPP funding to cross state lines to strengthen health care emergency preparedness and response planning across multi-state regions.

**STRENGTHEN THE NATIONAL MEDICAL SUPPLY CHAIN**

America's hospitals and health systems have long been concerned about shortages of a wide range of drugs and medical devices needed to treat patients. During recent PHEs, essential health care supplies, including protective equipment like masks, gowns and gloves as well as medical devices such as ventilators and hospital beds, were in short supply. Shortages of drugs, which impact our hospitals and the patients they serve, have included local anesthetics and basic hospital drugs, albuterol solution, common oral and ophthalmic products, and attention-deficit/hyperactivity disorder (ADHD) treatments. While the number of drugs in shortage has dropped from an all-time high of 323 in the first quarter of 2023, there were still 216 at the end of 2025. Currently, the class of drugs that is most in short supply is used to treat central nervous system disorders, such as ADHD, depression, anxiety, insomnia, Parkinson's disease and epilepsy.[1]

Of particular concern to hospitals are the impacts of drug shortages on patients. Shortages can adversely affect patient care by causing delays in treatment, increasing the risk of medication errors and requiring the use of less effective alternative treatments. In the fall of 2024, hospitals and other care settings were forced to delay care, scramble to find alternate vendors or pay exorbitant prices for supplies when a Baxter facility in North Cove, N.C., which manufactured sterile fluids used for injection, irrigation and peritoneal dialysis, was shut down due to Hurricane Helene. Normal operations at the plant did not resume until May 2025.

---

[1] https://www.ashp.org/-/media/assets/drug-shortages/docs/Drug-Shortages-Report.pdf

Congress can help strengthen the medical supply chain by making additional investments and addressing drug and medical device shortages.

**Federal Investments to Strengthen the National Supply Chain**

We support investments to maintain consistent access to medical supplies for hospitals and the entire health care system. This would include increasing manufacturing redundancy, diversifying where raw materials are produced and where products are manufactured, and building capacity within the overall supply chain.

These suggestions include:

- Diversify manufacturing sites and raw material sources to ensure supply chain sustainability.
- Support advancements in reuse and reprocessing technologies to mitigate supply challenges while decreasing waste and environmental impact.
- Invest in new product development.
- Develop and adapt certain data standards to aid in the early detection and mitigation of supply shortages.
- Enhance end-user inventory levels and implement incentives to encourage maintenance of additional stock.

**Mitigate and Prevent Drug and Device Shortages**

America's hospitals and health systems have long been concerned about shortages of a wide range of drugs and medical devices used to treat patients.

**Expand Medical Device Manufacturer Notifications.** Health care supply disruptions and shortages of critical medical devices impact hospitals and health systems' ability to provide timely and high-quality care The Food and Drug Administration (FDA) has the authority, during or in advance of a declared PHE, to require device companies to notify the Secretary of the Department of Health and Human Services of a permanent discontinuance or an interruption in the manufacture of certain devices that is likely to lead to a meaningful disruption in supply of the device.

While this FDA authority has been helpful, the tie to PHEs limits the FDA's ability to respond to any early signs of supply constraints or a potential shortage situation. Interruptions in supply and shortages can occur unpredictably outside of a PHE and have serious implications for public health and patient and health care personnel safety. The AHA urges Congress to amend the current device shortage notification requirements to apply more generally and not only during a PHE.

While we appreciate the efforts of the FDA and the Administration for Strategic Preparedness and Response to help alleviate shortages, more needs to be done to address acute and chronic shortages that negatively impact patient care and hamper hospital operations and the ability to continue to provide the highest quality of care possible. The AHA believes several additional changes should be made to help prevent, mitigate and resolve shortages.

The AHA recommends that Congress:

- Require the FDA to develop ratings for the quality management processes of drug and device manufacturers that are predictive of supply chain and manufacturing vulnerabilities and make these quality ratings publicly available.
- Require drug manufacturers to disclose to the FDA the locations where their products are manufactured, including contract manufacturer locations, as well as the locations from which they source key starting materials (KSM), active pharmaceutical ingredients (API) and excipients used in their finished products, to illuminate the extent of vulnerability for a product and to allow the development of targeted supply strengthening measures.
- Require drug manufacturers to notify the FDA of unusual spikes in demand for essential drugs to allow the agency to take steps to mitigate or prevent any impacts on availability and prevent potential shortages.
- Require the FDA to identify those essential drugs and devices, including their KSM, API, excipients and component parts, that should have increased domestic manufacturing capacity to improve the resilience of the U.S. drug and device supply chain and make recommendations to incentivize their production.

**STRENGTHEN HEALTH CARE CYBERSECURITY**

The increased prevalence of ransomware attacks against hospitals and health systems has often rendered mission-critical medical technology and health data unavailable, resulting in the loss of diagnostic technology, ambulance diversion, increased emergency department wait times, and delayed elective surgeries and cancer treatments. These attacks not only affect the targeted organization but also impact surrounding hospitals and health systems as ambulances and patients are diverted to other organizations to receive needed care.

For example, the cyberattack on Change Healthcare in February 2024 incapacitated significant portions of our health care system’s critical functions on an unprecedented national scale, endangering patients' access to care, disrupting critical clinical and eligibility operations and threatening the solvency of the nation's provider network.

The AHA recommends that Congress:

- Designate as an “all-hazards” incident, high-impact cyber and ransomware attacks that result in the disruption and delay of health care delivery at one or more hospitals.
- Define a cybersecurity attack as a “covered hazard” to allow HPP funds to be used in advance of any incident to strengthen protections and support cyber-response training.
- Fund and provide support for the appropriate federal agencies to help hospitals and health systems enhance their emergency preparedness, response, resiliency and recovery capabilities related to cyberattacks.
- Fund the appropriate federal agencies to provide emergency response for high-impact cyberattacks targeting hospitals and health systems, and provide human, technical and financial support to the victim organizations to minimize harm to public health and safety.

We thank you for the opportunity to submit comments on the PAHPA reauthorization RFI and look forward to continuing to work with you on this important program.

Please contact me if you have questions, or feel free to have a member of your team contact Megan Cundari, AHA’s senior director for federal relations, at mcundari@aha.org.

Sincerely,

/s/

Lisa Kidder Hrobsky
Senior Vice President
Advocacy and Political Affairs