The Medical and Health Stockpile Accountability Act

The Medical and Health Stockpile Accountability Act (H.R. 3577), introduced by Reps. Richard Hudson (R-NC), Josh Gottheimer (D-NJ), Troy Balderson (R-OH) and Lori Trahan (D-MA), would require the Administration for Strategic Preparedness and Response (ASPR) to establish an automated supply chain technology application that provides insight into critical medical supplies across the country. The bipartisan bill – for the first time – would establish real-time visibility into the quantity and location of critical medical supplies and pharmaceuticals on U.S. soil which was a major blind spot during the pandemic. This information will allow public and private sector entities to pinpoint the intersection of supply and demand, more effectively secure needed products, and better identify areas of vulnerability to prevent supply shortfalls.

THE PANDEMIC EXPOSED THE FAULT LINES IN OUR NATION'S HEALTHCARE SUPPLY CHAIN

A major issue during the pandemic was the lack of visibility into the exact quantities of critical medical supplies and drugs that were on U.S. soil at any given time. As a result, there was a surplus of products in many parts of the nation while hard-hit communities were operating in crisis mode. A lack of understanding of what product availability risks existed translated to excessive purchasing of products, the emergence of unscrupulous and fraudulent vendors, and hoarding which created shortages for others.

In response, the federal government stood up a health information collection process to determine these factors across the supply chain. However, the siloed, antiquated system burdened many public health authorities, practicing physicians and hospitals with time-consuming manual work all the while failing to provide early warnings of supply shortages, putting communities and patients at risk. Further, the lack of a feedback mechanism to the private sector meant healthcare entities were unable to leverage this information to inform care.

The Government Accountability Office (GAO) released a report1 highlighting the limitations and inefficiencies of this system and the need for a better approach to understand the nation's capacity and inform dynamic allocation of resources.

Support The Medical and Health Stockpile Accountability Act (H.R. 3577) and urge Congress to include it as part of the forthcoming Pandemic and All-Hazards Preparedness Act (PAHPA) reauthorization.

[1] GAO-21-600: COVID-19 HHS's Collection of Hospital Capacity Data. August 2021.

THE MEDICAL AND HEALTH STOCKPILE ACCOUNTABILITY ACT CREATES RESILIENCY IN THE NATION'S HEALTHCARE SUPPLY CHAIN BY:

Establishing a New National Automated Supply Chain Tracking System:
Establish an automated supply chain tracking application within ASPR that provides near real-time insight into the amount of critical medical supplies and pharmaceuticals available in national and state stockpiles as well as manufacturer, distributor, and hospital inventories. The system will overlay on top of existing vendor management inventory (VMI) systems, be vendor agnostic, and be triggered during an emergency response.

Establishing Clear Guidelines and Practices: Establish clear guidelines and practices for standardized information collection in consultation with public and private sector partners.

Creating Visibility for the Private Sector:
Permit hospitals, manufacturers, distributors, and other private sector entities visibility to data relating to inventory and time estimates for when inventories may be replenished.

Eliminating Manual Reporting:
Eliminate manual reporting burden and errors by automating data feeds, as highlighted by the GAO.

Safeguarding Private Data:
Institute robust safeguards to protect confidential and proprietary information and ensure that federal information collection is used for monitoring and dynamic allocation. Information cannot be used for reallocating inventory from hospitals or other organizations, advantaging any institution over another, or undermining the competitive marketplace.

Testing the System Annually to Stay Prepared:
Conduct an annual exercise to test the effectiveness of the application and to report any deficiencies.

Helping Rural and Community Hospitals:
Provide funding for healthcare entities, such as rural, critical access, and community hospitals, to implement a VMI if needed.