Introduction to: Association for Clinical Oncology

Subject: Domestic Production of Personal Protective Equipment

Referred to: Reference Committee K

Whereas, The Biden Administration on January 21, 2021, issued an Executive Order on a Sustainable Public Health Supply Chain, directing the development of a strategy to design, build, and sustain a long-term capability in the United States to manufacture supplies for future pandemics and biological threats; and

Whereas, This strategy shall include an approach to develop a multi-year implementation plan for domestic production of pandemic supplies; and

Whereas, The Biden Administration on February 24, 2021, issued an Executive Order on America’s Supply Chains, ordering an examination of several critical supply chains and the issuance within 100 days of a report with recommendations to the White House; and

Whereas, The Centers for Medicare and Medicaid Services in July, 2022, proposed policy to enable and encourage hospitals to purchase and utilize domestically-produced N95 respirators via a payment adjustment to compensate hospitals for the additional resource costs of acquiring domestically-made NIOSH-approved surgical N95 respirators for cost reporting periods beginning on or after January 1, 2023; and

Whereas, The Association for Clinical Oncology has previously recommended that the Executive Branch identify raw materials, components, parts or accessories of critical devices that should have domestic manufacturing capacity to improve the resilience of the U.S. device supply chain and incentivize their production without limiting access to foreign sources of devices; therefore be it

RESOLVED, That our American Medical Association support state and federal incentives to locate the manufacturing of goods used in healthcare and healthcare facilities in the United States (New HOD Policy); and be it further


RESOLVED, That our AMA support the efforts of the Administration and CMS to encourage the
purchase of domestically produced personal protective equipment (New HOD Policy); and be it
further

RESOLVED, That our AMA reaffirm policy H-440.847, “Pandemic Preparedness.” (Reaffirm
HOD Policy)

Fiscal Note: Not yet determined

Received: 10/13/22

RELEVANT AMA POLICY

Pandemic Preparedness H-440.847

In order to prepare for a pandemic, our AMA:
(1) urges the Department of Health and Human Services Emergency Care Coordination Center, in
collaboration with the leadership of the Centers for Disease Control and Prevention (CDC), state and
local health departments, and the national organizations representing them, to urgently assess the
shortfall in funding, staffing, supplies, vaccine, drug, and data management capacity to prepare for and
respond to a pandemic or other serious public health emergency;
(2) urges Congress and the Administration to work to ensure adequate funding and other resources: (a)
for the CDC, the National Institutes of Health (NIH), the Strategic National Stockpile and other appropriate
federal agencies, to support the maintenance of and the implementation of an expanded capacity to
produce the necessary vaccines, anti- microbial drugs, medical supplies, and personal protective
equipment, and to continue development of the nation's capacity to rapidly manufacture the necessary
supplies needed to protect, treat, test and vaccinate the entire population and care for large numbers of
seriously ill people, without overreliance on unreliable international sources of production; and (b) to
bolster the infrastructure and capacity of state and local health departments to effectively prepare for and
respond to a pandemic or other serious public health emergency;
(3) encourages states to maintain medical and personal protective equipment stockpiles sufficient for
effective preparedness and to respond to a pandemic or other major public health emergency;
(4) urges the federal government to meet treaty and trust obligations by adequately sourcing medical and
personal protective equipment directly to tribal communities and the Indian Health Service for effective
preparedness and to respond to a pandemic or other major public emergency;
(5) urges the CDC to develop and disseminate electronic instructional resources on procedures to follow
in an epidemic, pandemic, or other serious public health emergency, which are tailored to the needs of
health care personnel in direct patient care settings;
(6) supports the position that: (a) relevant national and state agencies (such as the CDC, NIH, and the
state departments of health) continue to plan and test distribution activities in advance of a public health
emergency, to assure that physicians, nurses, other health care personnel, and first responders having
direct patient contact, receive any appropriate vaccination or medical countermeasure in a timely and
efficient manner, in order to reassure them that they will have first priority in the event of such a
pandemic; and (b) such agencies should publicize now, in advance of any such pandemic, what the plan
will be to provide immunization to health care provider;
(7) will monitor progress in developing a contingency plan that addresses future vaccine production or
distribution problems and in developing a plan to respond to a pandemic in the United States.
Citation: CSAPH Rep. 5, I-12; Reaffirmation A-15; Modified: Res. 415, A-21