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June 4, 2002

Tommy Thompson, Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Benchmark Criteria for Bioterrorism Preparedness Block Grants

Dear Secretary Thompson,

On behalf of the members of the Health Industry Distributors Association (HIDA), I am writing to propose additional criteria used for allocating future bioterrorism preparedness block grants to States and localities. HIDA is the national trade association representing medical products distributors. Our members serve the nation's hospital, long-term care, and physician/alternate care markets.

HIDA commends HHS for its efforts to facilitate development of coordinated networks and response plans among health care providers and their respective State and local agencies. We believe the "Critical Benchmarks for Bioterrorism Preparedness Planning" released by HHS on January 31, 2002 provide an excellent initial framework for this objective. However, HIDA is concerned that medical products distributors are not specifically identified as representatives within the advisory committees, working groups, or response plans required by HHS.

Medical products distributors provide the critical process and infrastructure by which most medical supplies and equipment flow through the supply chain from the manufacturer to the point of care. This includes services such as delivery, transportation, receiving, handling, and storage of medical products. Effective distribution is vital to the capability of any response plan to promptly furnish vaccines, drugs, and medical supplies during public health emergencies.

Distributors are local. With over 800 distribution sites throughout the United States, they can quickly get medical supplies and equipment to any area. The coordinated use of a distributor network gives states and localities the fastest and most flexible means of delivering items and services during the critical first few hours of an emergency. For example, distributors delivered the first supplies to St. Vincent's Hospital in lower Manhattan within 96 minutes of the collapse of the World Trade Center.

For these reasons, distribution should be an integral part of the development of any emergency response plan. While plans submitted by States such as Kansas,

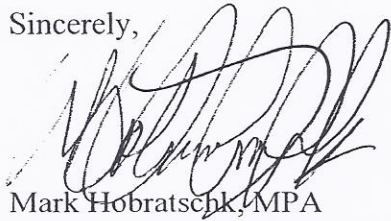
Pennsylvania, Texas, and Wisconsin do identify distribution within this process, we are concerned that others may overlook the role of distribution without its specific reference as a critical benchmark.

As you are aware, Section 108 of the "Public Health Security and Bioterrorism Response Act of 2002" recently passed by both the U.S. House of Representatives and Senate requires HHS to consult with working groups and industry experts on ways to facilitate the effective supply-chain management of vaccines, drugs, and medical supplies. HIDA maintains that the best way to ensure effective supply-chain management is to ensure that all members of the supply chain are at the table.

We believe that HHS could help facilitate the full involvement of medical products distributors by slightly revising the critical benchmarks for fiscal year 2003 block grant awards. HIDA proposes that HHS list medical products distributors or associations in the list of entities states and localities should include in advisory committees, hospital bio-preparedness planning committees, communication networks, and other emergency preparedness working groups. The plan submitted by the Texas Department of Health is one useful example.

Thank you for your attention to this request. If your staff has any questions or would like additional information, please feel free to contact me at (703)-838-6109 or via e-mail at hobratschk@hida.org.

Sincerely,



Mark Hobratschk, MPA
Director of Government Relations

cc: Donald A. Henderson, Office of Public Health Preparedness, HHS
Richard Niska, MD, Bioterrorism Hospital Preparedness Program, HRSA
Andrea Wooddall, Bioterrorism and Preparedness Response Program, CDC
James F. Sabatinos, Office of Emergency Preparedness, HHS