THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

September 2, 2011

R. Rodney Howell, M.D.
Committee Chairperson
Secretary's Advisory Committee on Heritable Disorders
in Newborns and Children
5600 Fishers Lane, Room 18A19
Rockville, MD 20857

Dear Dr. Howell:

Thank you for your letter regarding the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children's (the Committee) recommendation that the Secretary of Health and Human Services (HHS) coordinate newborn screening emergency preparedness activities, as defined in the Newborn Screening Contingency Plan (CONPLAN), within HHS's National Response Framework (NRF). As you point out in your letter, contingency planning in the event of an emergency helps to ensure both the availability of critical resources for screening infants with detectable and treatable disorders and continuity of operations, and sets standards for entities activating the plan.

I recognize the importance of federal interagency coordination of implementation of the CONPLAN, which was developed by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), and I accept your recommendation. As the Department carries out its responsibilities under section 1115 of the Public Health Service Act and makes future refinements to the CONPLAN, we will take into account national preparedness plans and directives, such as the NRF. The NRF was written by the Department of Homeland Security and serves as a guide for the nation in conducting all-hazards response, from the smallest incident to the largest catastrophe. It applies to all levels of governments.

As outlined in the CONPLAN, there are a variety of actions that state and local entities should take to ensure continuity in their newborn screening activities during an emergency. It recommends each state ensure that their newborn screening contingency plan is integrated into the overall state preparedness plan, which will help to ensure that state and local newborn screening activities are carried out in accordance with the NRF. State and local health departments and their public health laboratories are best capable of developing plans for implementation of the CONPLAN, for exercising these plans with CDC and HRSA technical assistance, and ensuring that their activities are consistent with the NRF.

CDC, with the support from HRSA, will lead our efforts to coordinate implementation of the plan together with the Assistant Secretary for Preparedness and Response, who serves as my principal advisor on matters related to public health emergencies and disasters as well as provides federal support to augment state and local capabilities during an emergency or disaster.

HHS will continue to advocate and support the implementation of the CONPLAN through a variety of programs in a number of different operating and staff divisions to ensure that the message reaches a wide number of appropriate state and local partners.

Please accept my personal thanks to you, the members, and the organizational representatives of the Committee for your efforts in protecting the health of our nation's infants and children.

Sincerely,

/ s /

Kathleen Sebelius