



**Public Health Emergency Preparedness Cooperative Agreement (CDC)
Hospital Preparedness Program (ASPR - PHSSEF)
FY 2018 Labor HHS Appropriations Bill**

	FY2016	FY2017	FY2018 TFAH
Public Health Emergency Preparedness (CDC)	\$660,000,000	\$660,000,000	\$705,000,000
Hospital Preparedness Program (ASPR)	\$254,555,000	\$254,555,000	\$300,000,000

Public Health Emergency Preparedness Cooperative Agreements (CDC)

Background: In 2016, state and local health departments responded to crises like floods, hurricanes, outbreaks of Zika, measles, and other infectious diseases, and mass shootings. Each of these required a public health response. The Public Health Emergency Preparedness (PHEP) program at the Centers for Disease Control and Prevention (CDC) is the only federal program that supports the work of health departments to prepare for and respond to all types of disasters, including bioterror attacks, natural disasters, and infectious disease outbreaks. PHEP grants support 62 grantees to develop core public health capabilities, including in the areas of public health laboratory testing, health surveillance and epidemiology, community resilience, countermeasures and mitigation, incident management, information management, and surge management. The grants have supported over 4,000 state and local public health preparedness staff positions and over 8,000 state and local emergency operations center activations. The funds have supported the development of nearly 75 percent of state, local and territorial electronic disease surveillance systems, 81 percent of the cost to develop the state and local emergency management capability such as local emergency operations centers, and 80 percent of the public health risk communication capability.¹

Impact: The response systems and infrastructure that states require to respond to public health emergencies would not exist in most instances without PHEP funding. According to CDC’s evaluations, PHEP awardees have improved capacity in nearly all high priority public health preparedness capabilities in the past few years. The largest investments focused on public health surveillance and epidemiological investigation, laboratory testing, community preparedness, information sharing, and emergency operations coordination.

¹ HHS, *FY 2017 CDC Justification of Estimates for Appropriations Committees*.
<http://www.cdc.gov/budget/documents/fy2017/fy-2017-cdc-congressional-justification.pdf>

IMPROVEMENTS IN PUBLIC HEALTH EMERGENCY PREPAREDNESS SINCE 9/11

PROGRAM AWARDEES WHO:	THEN	NOW
Can mobilize staff during an emergency	20%	98%
Have an Incident Command System with pre-assigned roles in place	5%	100%
Include collaboration with health care agencies in their preparedness plans	8%	92%
Have sufficient storage and distribution capacity for critical medicines and supplies	0%	98%

Source: Centers for Disease Control and Prevention, 2017

In order to help awardees address gaps, CDC works with the jurisdiction on technical assistance plans, including consultation across CDC. CDC has also established a Capacity Building Branch to design systematic approaches and solutions to address commonly occurring gaps that require more broad capacity-building assistance.

Some examples of recent accomplishments of the PHEP program include:

- **Tennessee Wildfires:** When wildfires raged through southeast Appalachia, the state and local health departments instituted emergency management structures, deployed 89 nurses and a mobile medical unit, administered flu and tetanus vaccines for firefighters and residents, accounted for every missing person, tested well water, and helped restaurants reopen. Even with communications down, the health department deployed its mobile communications center to coordinate the response.
- **West Virginia Flooding:** When the third deadliest flood in the state's history hit, the WV Health Department used PHEP and HPP systems to integrate public health into the emergency response. They played a coordinating role among responder teams, including emergency medical services, food safety checks, boil water advisories, mold inspections, control of a dermatitis outbreak, deployment of mobile health clinics and tetanus vaccine distribution. PHEP and HPP supported Volunteer Organizations Active in Disaster to manage feeding and housing for residents, deliver donated supplies, and shared information and critical health messages for the access and functional needs population.
- **Louisiana Flooding:** PHEP enabled the Louisiana Department of Health to respond and recover to the historic flooding event in 2016. Environmental and epidemiological staff inspected private shelters, while medical and behavioral health teams examined over 1,700 shelter residents, provided tetanus vaccines to first responders, worked with local pharmacists to fill emergency prescriptions, and disseminated information about methadone treatment, mold and boil water advisories and evacuation protocol.
- **MERS-CoV Response:** Investments from PHEP enabled the Florida Bureau of Public Health Laboratories to test suspected MERS specimens and used the Laboratory Information Management System to report to CDC. The Tampa lab confirmed the second U.S. case of MERS and worked around the clock to test more than 130 additional samples to ensure there was no domestic transmission. Georgia, Massachusetts and Indiana also conducted contact tracing of individuals exposed to MERS.

In 2016, \$44 million of PHEP funds were redirected for the national Zika response, so health departments lost all-hazards capacity in order to meet the immediate needs of the outbreak

response. Although short term funds were reinstated by supplemental funding, many health departments had already cut staffing, contracts, and supplies.² State policies regarding contracts and hiring mean that these cuts are not easily backfilled with short-term supplemental funding.

Recommendation: TFAH recommends \$705 million for the Public Health Emergency Preparedness Cooperative Agreements in FY18. This would allow communities to maintain the progress made with Zika supplemental funds, since short-term funds do not allow for sustained program support.

Hospital Preparedness Program (ASPR)

Background: The Hospital Preparedness Program (HPP), administered by the Assistant Secretary for Preparedness and Response (ASPR), provides funding and technical assistance to every state and territory to prepare the health system to respond to and recover from a disaster. HPP is the only source of federal funding for these efforts. HPP is building the capacity of healthcare coalitions (HCCs) - regional collaborations between healthcare organizations, providers, emergency managers, public sector agencies, and other private partners - to meet the disaster healthcare needs of communities. HPP builds resilience in the healthcare delivery system by increasing their ability to operate and provide care during a disaster, saving lives and ensuring the earliest possible recovery of the system.

Healthcare coalitions' roles include coordination and planning, conducting exercises and trainings, providing information and situational awareness across the system, sharing resources, and leading scenario planning. The grants support 476 healthcare coalitions with 28,000 participating facilities from across the health system, a 63 percent increase from 2012. ASPR supports coalitions and their members to develop preparedness and response capabilities in four key domains: foundation for healthcare and medical readiness; healthcare and medical response coordination; continuity of healthcare services delivery; and medical surge.

Impact: In an impact survey of awardees, 100 percent of awardees agreed that HPP was critical to healthcare system preparedness, 85 percent agreed it was critical to medical surge and information sharing. Seventy-four percent of HCC exercises were funded by HPP.

Recent events have shown the program's impact:

- **Republican National Convention (RNC) preparedness:** HPP helps regions prepare for major events. The Northeast Central Ohio Regional Healthcare Coalition is a network of hospitals, EMS, public health departments and emergency management services that work together to prepare for disasters. With thousands of tourists and media personnel congregating in Cleveland for the 2016 RNC, the HCC coordinated with 27 hospitals and facilities throughout the state to prepare for a surge of patients, if needed. The HCC communicated daily to share information, ensure inventories of equipment and blood, and update hospital bed availability.³

² Impact of the Redirection of the Public Health Emergency Preparedness (PHEP) Funding from State and Local Health Departments to Support National Zika Response. Survey by ASTHO, NACCHO, APHL and CSTE, May 2016. <http://www.naccho.org/uploads/downloadable-resources/Impact-of-the-Redirection-of-PHEP-Funding-to-Support-Zika-Response.pdf>

³ HHS, "HPP in Action: Republican National Convention." <https://www.phe.gov/Preparedness/planning/hpp/events/Pages/rnc.aspx>

- **Ebola:** During 2014 and 2015, HPP supported efforts to prepare the healthcare system for Ebola virus, including developing a national strategy and education plan. HPP released guidance, training documents and checklists for health facilities and conducted webinars for healthcare workers.
- **Pennsylvania Train Derailment:** During the 2015 Pennsylvania Amtrak derailment, more than 200 people were transported to area hospitals with injuries. The Pennsylvania Department of Health and regional healthcare coalitions coordinated to ensure coalition members had needed medical equipment and supplies, real-time information, communication systems, and appropriate personnel. HPP-supported systems enabled an incident command structure, sent out notifications of emergency room capacity to coalition members within a half hour, tracked and triaged patients, moved personnel to sister facilities, and distributed patients to regional hospitals.⁴
- **Mississippi Tornado:** In 2014, a tornado ripped through rural Winston County, MS, significantly damaging Winston Medical Center, requiring evacuation of 40 hospital patients, 112 nursing home residents and 100 new patients injured by the tornado. Relying on coalition partners and a state-wide, web-based resource tracking tool, hospital personnel and the Mississippi State Department of Health Disaster Team ensured safe transport of patients, including a record of care, to other nearby facilities.⁵

HPP appropriations have decreased from \$426 million in FY10 to \$255 million in FY16, including a \$100 million cut – one-third – in FY14. ASPR’s analysis found that funding reductions have resulted in capabilities taking longer to achieve and an inability to sustain the progress that has been made, and the National Health Security Preparedness Index finds that healthcare delivery remains an area of vulnerability.⁶ Given the criticality of HPP’s funding to key preparedness activities, impacts of future budget cuts to HPP would have direct effects on both awardee’s and HCC’s abilities to perform and sustain essential health care system preparedness and response activities.

Recommendation: TFAH recommends \$300 million for FY18 for HPP to help rebuild the program from years of underfunding. FY17 marks the beginning of the new project period, which will shift the focus of the program from supporting establishment of healthcare coalitions to ensuring they are ready to respond to emergencies. The new project period includes more objective and exercise-based performance measures and a focus on moving HCCs from planning bodies to coordinating for response. HHS also anticipates the new emergency preparedness rule from the Centers for Medicare and Medicaid Services could result in 50,000 new HCC members, but adequate funding is needed to ensure successful implementation and oversight of the program.

⁴ HHS, “HPP in Action: Amtrak Train Derailment, Philadelphia, PA.”

<http://www.phe.gov/Preparedness/planning/hpp/events/Pages/amtrak-derailment.aspx>

⁵ Mississippi Hospital Preparedness Program press release, “Winston: An Emergency Preparedness’ Success Story.”

http://www.mhanet.org/Images/aWebDocuments/PDFs/Emergency%20Prep/PR_Winston.pdf

⁶ National Health Security Preparedness Index, www.nhspi.org.